



**Whitewood Transport, Inc.**

**(800) 228-5569**

P.O. Box 30553  
Billings, MT 59107

Phone (406) 245-8030  
Fax (406) 248-7850

## CREDIT INFORMATION REQUEST

COMPANY NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ TOLL FREE# \_\_\_\_\_ FAX# \_\_\_\_\_

FED ID # \_\_\_\_\_ # OF YEARS IN BUSINESS \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

WEBSITE \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

### OWNERS AND/OR OFFICERS:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### BANKING INFO

BANK NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ FAX \_\_\_\_\_

ACCT # \_\_\_\_\_ DUN/BRADSTREET # \_\_\_\_\_

### CREDIT/TRADE REFERENCES: (Transportation/trucking references preferred but not required)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ FAX \_\_\_\_\_

**COMPANY CREDIT AUTHORIZATION:** Company authorizes Whitewood Transport, Inc to obtain/investigate credit information from the references provided and/or by various other credit reporting agencies and/or credit reports.

**TERMS OF PAYMENT:** Unless otherwise stated payment must be made in (15) fifteen days from date of invoice. A service charge of 1 ¼% per month will be assessed, both before and after judgment, if the account is not paid within terms. In the event that the amount due and owing is placed with an attorney for collection, application and guarantors herein agree to pay cost of court and attorney's fee; plus collection cost.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**HEAVY HAUL, CONSTRUCTION, MINING, CRANES, PIPELINES, AND TOWAWAYS**