

MID-SOUTH LIFT

2441 Q Old Fort Pkwy #316
Murfreesboro, TN 37128

CREDIT APPLICATION

FULL COMPANY NAME _____ Corp. _____ Trust _____ Other _____
Address: _____ Part. _____ Proprietorship _____
City/ _____ Prov./State: _____ Postal Code//ZIP: _____
Phone # _____ Fax # _____

PRINCIPALS:

1. Name _____ Phone # _____
Home Address _____
City/ _____ Prov./State: _____ Postal Code//ZIP: _____
2. Name _____ Phone # _____
Home Address _____
City/ _____ Prov./State: _____ Postal Code//ZIP: _____

BANKING REFERENCES:

Bank Name: _____ Phone : _____
Address: _____ Fax : _____
Account #: _____ Branch: _____

*the signature below hereby authorizes said lending institutions to furnish SUNRUNNER LOGISTICS Inc. with your experience. The information requested will be used in connection with the extension of credit.

SUPPLIER/COMMERCIAL REFERENCES

1. Name: _____ Phone: _____ Fax: _____
2. Name: _____ Phone: _____ Fax: _____
3. Name: _____ Phone: _____ Fax: _____

Amount of Credit Requested: \$ _____ Currency _____