

CREDIT APPLICATION FORM

For all Team Worldwide® entities



PO BOX 668
WINNSBORO, TX 75494

Team® Branch:

Company Name _____

Address _____

City _____ ST _____ Zip _____

Phone Number _____ Fax Number _____

Monthly Volume of shipping in Dollars _____

Type of Business _____

Type of Ownership:

Single Owner _____

Partnership _____

Corporation _____

Other _____

Billing Address _____

Email Address _____

President's or Owner's Name _____

Comptroller's Name _____

Accounts Payable Manager _____

Bank _____

Business Reference _____

IRS / EIN (Federal ID) Number _____

Authorizing Signature _____

Date _____