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www.griffinlogisticsco.com

COMMERCIAL CREDIT APPLICATION

Name of Company _____

Address _____

Principal Officer _____

Financial Officer _____

Type of Business _____

Telephone _____ Fax _____ E-Mail _____

DUNS _____ Tax ID _____ Year Established _____

Individual Sole Proprietorship Corporation/LLC Partnership/LLP

Name of Bank _____ Officer _____

Account Number _____ Account Since (year) _____

Credit Line _____ Bank Telephone _____

Name of suppliers with whom you have active credit currently (please include complete address, telephone and fax numbers)

1. _____

2. _____

3. _____

By signing you agree to pay within the terms listed on **Griffin & Company Logistics** invoices and agree to our obtaining information from the above references that you have provided.

(Signature) _____ (Title)

(Print) _____ (Date)