

Jay Dee Trucking

450 Duncan Avenue
Jersey City, NJ 07306
Tel (201) 332-7200
Fax (201) 332-8456

Credit Application

Customer Name: _____

Billing Address: _____

Street

City

State/Zip Code

Telephone: _____ **Fax:** _____

E-mail: _____

CC-EMAIL: _____

Person in Charge to Pay Bills: _____

Shipper's Name and Location:

Name Street City State/Zip Code

Credit References:

1) **Company Name:** _____

Location: _____

Contact: _____ **Telephone:** _____ **Fax:** _____

2) **Company Name:** _____

Location: _____

Contact: _____ **Telephone:** _____ **Fax:** _____

3) **Company Name:** _____

Location: _____

Contact: _____ **Telephone:** _____ **Fax:** _____

Bank Information:

Name: _____

Location: _____

Account #: _____

Years In Business: _____

Attention applicants: upon approval of credit, payment terms are net 15 days from the date on our invoice. All invoices will be sent in e-mail format. No exceptions!