



Credit Application

(Type in Blank Fields)

Attention to or Sales Representative

Legal Business Name

Trade Name if Different

MC#

Street Address

City

State

Zip

Billing Address

City

State

Zip

Telephone Number

Accts. Payable Rep.

Fax Number

Billing Inst.

Corp. Home Page

Email Address

Type of Ownership: Corp.

Partnership

LLC.

Amount of Credit Requested \$

Date of First Load

Federal ID#

D&B#

Bank Name

ACCT#

Loan Officers Name

Phone Number

List Four of Your Truckload Carriers (Largest \$ Volume First)

	Phone/Fax	Carrier	Annual \$ Volume	City	State
1.					
2.					
3.					
4.					

JCT CREDIT POLICY

Payments of all invoices are to be received within seven days from date of invoice at our lockbox address:

**John Christner Trucking, Inc.
Dept. 95
P.O. Box 21228
Tulsa, OK 74121-1228**

Authorized Representative (Signature)

Authorized Representative (Print or Type)

Title

Date