



GATEWAY Transport, Inc.

5655 Lindero Canyon Rd. #203 Westlake Village, CA 91362 | Phone: (818) 991-9009 | Fax: (818) 991-0090 | E-mail: sales@gatewaytransport.com

Credit Application

Customer Name: _____ **DBA:** _____

Address: _____ **Years in Business:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Tax ID#: _____ **D&B#:** _____ **Fax:** _____

Type of Entity Corporation: _____ Partnership: _____ Sole Proprietorship: _____

Name of Principals: _____ **SS#:** _____

_____ **SS#:** _____

Bank References

Bank: _____ **Account Number:** _____

Address: _____ **Phone Number:** _____

City: _____ **State:** _____ **Zip:** _____ **Bank Contact:** _____

Trade References

Company(1): _____ **Phone:** _____ **How Long:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Company(2): _____ **Phone:** _____ **How Long:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Transportation References

Company(1): _____ **Phone:** _____ **How Long:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Company(2): _____ **Phone:** _____ **How Long:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Agreement

Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following:

1. Terms are that which are stated on the invoices. All amounts are due in accordance with said stated terms.
2. Past due balances are subject to a service charge of a maximum permitted by state law and not less than \$1.00.
3. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees shall be paid by the applicant.
4. The undersigned hereby authorizes the above mentioned banks and companies to release the information requested.
5. The undersigned agrees to the terms and conditions stated herein.
6. This information may be shared with transportation partners to ascertain credit.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Please Fax back to (818) 991-0090 or mail attention Credit Department