

PHILADELPHIA TRUCK LINE, INC. (NEW CUSTOMER SET-UP FORM)

Company Address

Company Legal Name

Contact Name

Street Address

Country State City

Postal Code Phone #

Billing Address/ Contact Information

Company Legal Name

Billing Contact

Email

Street Address

Country State City

Postal Code Phone #

Credit Application (please complete all fields)

Company Legal Name

Street Address

Country State City

Postal Code Phone #

Tax Exempt? Yes No

Business Type Years in Business

Federal ID# Credit Line Req. \$

Credit References (provide 3)

Name	Address	Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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