## **DENVER INTERMODAL EXPRESS**

10700 E. 40TH AVE

**DENVER, CO. 80239** 

PHONE: 303-371-1500 FAX: 303-371-2272

**CREDIT APPLICATION** 

TERMS: NET 30

Name / Address			
Last:	First:		
Title:		Tax I.D. #	
Company Name:			
Address:			
City:	State / Province:		
Zip Code:	Phone:		
Company Information			
		In Business	
Type of Business:		Since:	
Parent Company:			
Legal Form Under Which Business Operates:			
Ecgarronni onder which business operates.			
State/Province/Country			
Corporation Partnership	Proprietor		
·	·		
Invoicing Information			
Address if different than above:			
City:	State:		Zip:
			·
Email Address To Receive Invoices:			
Email Address To Receive Statements:			

Trade References			
Company Name:			
Address:	State /		
City	Providence		
Zip	Phone		
Company Name:			
Address:			
	State /		
City	Providence		
Zip	Phone		
Company Name:			
Address:			
	State /		
City	Providence		
Zip	Phone		
Banking Reference			
Name:			
Address:			
	State /		
City	Providence		
Zip	Phone		
We declare that the above information is true, correct and complete and is given to induce Denver Intermodal Express to extend credit. We authorize Denver Intermodal Express to make such credit investigation as Denver Intermodal Express sees fit, including contacting the above trade references and banks. We authorize all trade references and banks to disclose to Denver Intermodal express and, and all, information concerning the financial and credit history of my company.			
Company Name:			
Authorized Signature:			
Title:			
Printed Name:			