



5990 South Country Club Rd
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CREDIT APPLICATION

The information requested on this form is for the sole and confidential review by Catalina Cartage LLC, and not to be released to any outside parties.

Check One: Corporation Partnership Proprietorship Other _____

Federal ID Number or Social Security Number:			
Name of Business		How Long in Business	
Billing Address			
City	State	Zip	Country
Phone Number		Fax Number	
Contact Name	Email	User Name	
		Password	
A/P Name	Email	User Name	
		Password	
Other Contact	Email	User Name	
		Password	

Please fill out your requested user name and password if you would like online access to your account

ALL NEW ACCOUNTS REQUIRE A VALID CREDIT CARD ON FILE OR ATTACHED LIST OF CREDIT REFERENCES!

Credit Card Information Attached Bank & Credit References

Credit Limit Requested: \$ _____

Name on Credit Card			
Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Discover		
Credit Card Number	Exp. Date	Security Code	
Billing Address			
City	State	Zip	Country
Phone Number	Fax Number	Email	

I hereby agree to the payment terms as set forth by Catalina Cartage LLC., and acknowledge payment terms as Net 30. In addition, I understand any past due accounts are subject to a service charge of 1-1.5% per month (18% Annual Rate). In the event action is required to collect my debt, I, the customer, will be responsible for any attorney or collection fees.

Terms & Conditions can be found at www.catalinacartage.com/terms&conditions

Print Name: _____ Signature: _____

Title: _____ Date: _____

AFTER SIGNING THIS DOCUMENT PLEASE FAX TO: 520-664-9189