



Central Transport New Account Form

12225 Stephens Road Warren, MI 48089 (586) 939-7000

Credit applications are required for all customers not in the CTII system and all inactive customers. Completed forms should be given to your sales rep for review and submission to the Pricing Department, or email your credit application to creditapp@centraltransport.com

www.centraltransport.com credit appi	ication to creditapp@central	itransport.com	
Billing Address:		Office/Shipping Address (i	if different than billing address):
Company Name		Company Name	
Contact Name		Contact Name	
Street Address		Street Address	
Residential?		Residential?	
State/Province		State/Province	
City	Zip/Postal Code	City	Zip/Postal Code
Phone	Ext	Phone	Ext
Email		 Email	
General Information:			
Federal Tax ID: Corporation Country		State/Province	
	□ US □CAN □MEX		
Company Website	At present location sinc		
	MM/DD/YYYY	Email Addre	SS
Contact Name	Title		
Dhana			
Phone	Ext Are yo	u an internet shipper via Crai	gslist or Ebay? ☐ YES ☐ NO
Are the previous lessed 2 TVES TIN	Company Composition	ons (check)	☐ PARTNERSHIP ☐ CORPORATION ☐LLC
Are the premises leased? ☐ YES ☐ N Bank Information:	U company composition	on: (check) individual i	FARTINERSHIP LICORPORATION LILEC
Bank Name	Account Numb	er	Account Type
Bulk Name	Account Numb	CI	Account Type
Bank Address	Branch Name	Branch Name Bank Contact Email/Phone	
City		State/Province	Zip/Postal Code
□ US □CAN □MEX			
Terms & Conditions			
By submitting this application, you authorize You also agree to abide by the terms and co			ness/trade references that you have supplied.
writing with Central Transport	5	.a.co raini, amess other terms a	coarcono nave been agreed apon, m

writing, with Central Transport.

I agree to the terms as stated above.

Customer signature: Print Name: Date: _