



THE CROSSGLOBE GROUP
11023 Washington Hwy Suite 250 Glen Allen, VA 23059

CREDIT APPLICATION

The information furnished below will remain confidential and be used solely for credit purposes

Legal Corporation Name _____

D/B/A _____

Street Address _____

Mailing Address (if different) _____

Telephone Number _____

Fax Number _____

Contact Person _____

Name of Parent Company _____
(if applicable)

Address of Parent Company _____

CHECK ONE:

Publicly Held Corp. ____ Sole Proprietorship ____ Partnership ____ L.L.C. ____ Other ____

(If other – please explain) _____

Date & State of Incorporation (if applicable) _____

PRINCIPALS/OFFICERS

1) _____
Name Title

_____ Residence Social Security #

2) _____
Name Title

_____ Residence Social Security #

3) _____
Name Title

_____ Residence Social Security #

GENERAL INFORMATION

Type of Business _____

Number of Years in Business _____

Number of Employees _____

BANK REFERENCES

1) Name _____
Street _____
City/State/Zip _____
Contact _____
Telephone # _____
Fax # _____
Account # _____
Type of Acct _____

2) Name _____
Street _____
City/State/Zip _____
Contact _____
Telephone # _____
Fax # _____
Account # _____
Type of Acct _____

TRADE/VENDOR REFERENCES

(Three requested – at least two Carrier references)

1) Name _____
Street _____
City/State/Zip _____
Contact _____
Telephone _____
Fax # _____

3) Name _____
Street _____
City/State/Zip _____
Contact _____
Telephone _____
Fax # _____

2) Name _____
Street _____
City/State/Zip _____
Contact _____
Telephone _____
Fax # _____

Please attach a copy of financial statements and a copy of your latest balance sheet.
Payment terms are 30 days. By signing this application you agree to these terms of credit.

By _____
Name _____
Title _____ Date _____