



Holland Transportation Management Services, Inc.
 2227 Salisbury Highway
 Statesville, NC 28677
 (704) 872-4269
 FAX: (704) 978-3299
 admin@harveyholdings.com

CREDIT APPLICATION

Form Instructions:

- **Option 1:** Fill in the information below, print the form and then fax to number above, Attention: Credit Dept.
- **Option 2:** If you are using a current version of Adobe Reader, you may fill in the information below and then select the Email button at the bottom of the form to email the form directly to the Credit Dept.

Date: _____

Company Name: _____

Billing Address: _____

Shipping Address: _____

Telephone Number: _____ Fax Number: _____

Dun & Bradstreet #: _____ Federal Tax ID#: _____

BUSINESS STYLE (check one):

<input type="checkbox"/> Corporation Date of Incorporation: _____ The State of Incorporation: _____ Registered Agent's Name and Address: _____ _____	<input type="checkbox"/> Partnership List all Partner's Name and Addresses. (One or more partners may be required to sign as guarantor.) _____ _____ _____	<input type="checkbox"/> Proprietorship Name and Address of Owner; Owner must sign as guarantor this application. _____ _____ _____
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Please indicate name and location of parent company (if applicable): _____

How many years have you been in business? _____ Type of business: _____

Invoice Preference (check one):

Harvey Holdings, Inc. companies prefer ACH payment

Email Mail Fax

Do you approve ACH payment? (Y/N) Y N

*Accounts Payable Contact/Email:

PRINCIPALS OF FIRM:

Officers: _____ Title: _____

_____ Title: _____

_____ Title: _____

CREDIT REFERENCES:

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____ Acct #: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____ Acct #: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____ Acct #: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____ Acct #: _____

Applicant certifies that all information given on this application is true and complete. Applicant grants Holland Transportation Management Services, Inc. (TMS) permission to obtain information about Applicant's accounts and credit experience through credit reports, references given and bank. Applicant agrees to pay all invoices by Holland Transportation Services, Inc. terms, Net 30 of invoice if credit approved. By signing and submitting this credit application, I confirm that I am aware of and agree to the credit terms of Holland Transportation Services, Inc. as posted on their website www.hollandtms.com.

Signature of Officer of Company _____ Date _____

For Corporate Use Only

Date Credit Application Received: _____

COMPUNET Rating: _____ SIC #: _____

D & B Rating: _____ Credit Limit: _____

Reviewed By: _____ Approved By: _____