

WPX DELIVERY SOLUTIONS
 3320 WEST VALLEY HWY N., STE. 111, AUBURN, WA 98001

NEW ACCOUNT APPLICATION FOR CREDIT

Business Name:		
Address:		
City:	State:	ZIP Code:
Phone:	D&B #:	Fed. Tax I.D.:
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Partnership (select one)		
Years in business:	How many locations:	Website:

BANKING INFORMATION

Name of Bank:		
Address:		How long?
City:	State:	ZIP Code:
Contact:	Phone:	Facsimile:

TRADE/SUPPLIER REFERENCE

Supplier Name:		
Address:		
City:	State:	ZIP Code:
Contact:	Phone:	Credit Limit:

2. Supplier Name:		
Address:		
City:	State:	ZIP Code:
Contact:	Phone:	Credit Limit:

TRANSPORTATION CARRIER REFERENCE

Carrier Name:		
Address:		
City:	State:	ZIP Code:
Contact:	Phone:	Credit Limit:

COMPANY OFFICERS INFORMATION

President:	Phone:
CFO:	Phone:
COO:	Phone:
Accounts Payable:	Phone:

CREDIT REQUEST ACKNOWLEDGEMENT

All information provided is confidential between WPX and the applicant. Credit granted is to be paid with agreed on terms. In the event of default the customer agrees to pay collection, attorney and other applicable fees.	Amount per month of Credit Requested.
	\$.00

I authorize WPX Delivery Solutions to verify the information provided on this form.

Signature of applicant:	
Title:	Date:

