

# Southern Intermodal Xpress, LLC

## Credit Application

(Note - Our Payment Terms are Net - 30 Days)

Firm or Business Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Street Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Please list all offices, Partners and/or affiliate name and addresses below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

Accounts Payable Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Year Business Established \_\_\_\_\_ Federal Tax Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC

CREDIT REFERENCES: (Please provide three)

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature

Title

Date

(251)438-2749 – Email: [billing@sixllc.net](mailto:billing@sixllc.net)