



CREDIT INFORMATION FORM

ALL INFORMATION WILL REMAIN CONFIDENTIAL

OFFICE 713.672.6900
FAX 713.513.5213
info@jaharristrucking.com

CLIENT INFORMATION

COMPANY NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____ PHONE _____
CONTACT _____ FAX _____
OWNERSHIP: _____ CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP
_____ SUBSIDIARY-PARENT COMPANY _____
CORPORATE OFFICER'S NAME _____ TITLE _____
FEDERAL ID _____ DUNS _____ YEAR EST. _____

BANK REFERENCE

BANK NAME _____ ACCOUNT # _____
CITY _____ CONTACT _____ PHONE _____
BRANCH _____ CUSTOMER SINCE _____ FAX _____

REFERENCES

COMPANY NAME _____ PHONE _____
CONTACT _____ FAX _____
ADDRESS _____

COMPANY NAME _____ PHONE _____
CONTACT _____ FAX _____
ADDRESS _____

COMPANY NAME _____ PHONE _____
CONTACT _____ FAX _____
ADDRESS _____

I HEREBY AUTHORIZE THE RELEASE OF BANKING INFORMATION TO JA HARRIS TRUCKING, INC.
TO ESTABLISH CREDIT. I AUTHORIZE THAT THE INFORMATION ABOVE IS TRUE AND UP TO DATE.

NAME

TITLE

SIGNATURE

DATE