



NEW YORK CAROLINA EXPRESS, INC. (NYCI)

APPLICATION FOR CREDIT

COMPANY INFORMATION

DATE: _____

COMPANY NAME: _____
STREET ADDRESS: _____ CITY: _____ ST _____ ZIP _____
PHONE: _____ FAX: _____ EMAIL: _____
TYPE OF BUSINESS _____ YEAR ESTABLISHED _____
D.U.N.S. # _____ FEDERAL ID # _____
COMPANY WEBSITE _____

MAILING/BILLING INFORMATION

STREET ADDRESS: _____
CITY: _____ ST _____ ZIP _____
ACCOUNTS PAYABLE SUPERVISOR _____
PHONE: _____ FAX: _____ EMAIL: _____
SPECIAL BILLING REQUIREMENTS: _____

CREDIT INFORMATION/REFERENCES

1. VENDOR NAME: _____	PHONE: _____
	FAX: _____
2. VENDOR NAME: _____	PHONE: _____
	FAX: _____
3. VENDOR NAME: _____	PHONE: _____
Please include Vendor Fax # when available!	FAX: _____

BANK REFERENCES

BANK NAME: _____	BANK OFFICIAL: _____
STREET ADDRESS: _____	CITY _____ ST _____ ZIP _____
PHONE: _____	FAX: _____

To the best of my knowledge the above statements are true. We understand and will comply with regulations requiring payment of all freight charges within fifteen (15) days of statement:

_____	_____	_____
Authorized Signature:	Title:	Date:

PLEASE SUBMIT TO NYCE AT: 1314 CONKLIN RD, CONKLIN, NY, 13748 FAX: 607-724-3062 Attn: A/R