



Secure and Efficient Transport
 P.O. Box 1434 Laredo, TX 78042
 Tel: (956)721-5965 – Fax: (956)723-8274

Credit Application

GENERAL INFORMATION

Legal Business Name: _____

Address _____

Billing Address: _____

Contact: _____

Type of Business: _____

City, State, Zip: _____

Area Code: _____

Phone Number: _____

Ext: _____

Fax: _____

Email: _____

Web: _____

Service Requested: _____

STRUCTURE

Company is a:

CORPORATION

LLC

PARTNERSHIP

SOLE PROPRIETORSHIP

MEXICAN COMPANY

FEDERAL TAX ID: _____

REGISTRO FEDERAL DEL CONTRIBUYENTE _____

Date Started: _____

____ / ____ / _____

State of Incorporation: _____

If applicant is a:

U.S. CUSTOMER

MEXICAN CUSTOMER

FEDERAL TAX ID

Acta Constitutiva

Poder Notorial

MC# (If apply)

Copia de RFC

Id Oficial del Rep. Legal

W-9 (If apply)

Comprobante de domicilio

A COPY OF THESE DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION

TERMS OF PAYMENT

10 DAYS

15 DAYS

20 DAYS

MORE, EXPLAIN WHY _____

Bank Electronic transfer payments to S.E. Transport, LTD

INTERNATIONAL BANK OF COMMERCE

Abba Routing:

1 1 4 9 0 2 5 2 8

Account number (10 digits)

6 0 0 1 3 2 3 2 0 8

AUTHORIZATION:

The undersigned authorizes S.E. Transport, LTD to verify the above credit information and to take reasonable action to verify the responsibility of the above-named applicant in accordance with acceptable credit practices and hereby authorizes the release of such information as is necessary to establish credit.

TERMS * 20 DAYS FROM THE DATE OF FREIGHT BILL:

If payments are not received in accordance with the terms and conditions stated on S.E. Transport, LTD bill and/or in accordance with specific terms provided by written agreement between the parties (contract carriage) the outstanding charges will be subject to finance charges as stated on the freight bill.

CREDIT REFERENCES (Please include at least two trade references.)

Reference 1

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name, Contact Position: _____ Phone: _____

Email: _____ Fax: _____

Reference 1

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name, Contact Position: _____ Phone: _____

Email: _____ Fax: _____

Reference 1

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name, Contact Position: _____ Phone: _____

Email: _____ Fax: _____

THIS FORMAT SHOULD BE SENT TO THE OPERATIVE AREA OF FINANCES FOR AUTHORIZATION

Credit & Account Receivable **Date**

Client **Date**

General Manager **Date**

Customer Service Rep. **Date**

FOR CREDITORS USE ONLY

To be billed by management

Name of person who asked for service

Limit of Credit

Contract
Yes No
Currency
USD

To be filled by the area of finances

Date of authorization in S.E. Transport, LTD
____ / ____ / _____

Date of Discharge in S.E. Transport, LTD
____ / ____ / _____

Number of client in system

Observations

