

Fastrans Intermodal P.O. Box 61571 N. Charleston, SC 29419 Office (843) 718-1245 Fax (843) 718-1584

CREDIT APPLICATION

COMPANY NAME _			ADDRESS	
CITY	Y STATE ZIP		CONTACT FOR FREIGHT BILLS	
BILL TO ADDR ESS	(IF DIFFERENT FROM A	30VE)		CITY
STATE ZIP _	PHONE #		FAX #	EMAIL
D&B #	D&B RATIN	IG	# OF EMPLOYEES	MOTOR CARRIER #
TYPE OF COMPANY	(CORP., LLC, ETC.)	YEAR C	OMPANY OPENED	
	CORPO	RATE PRI	NCIPALS, PARTNER	S, OWNERS
NAME	TITI	.E	ADDRESS	
CITY	STATE	ZIP	PHONE #	
NAME	TITL	.E	ADDRESS	
CITY	STATE _	ZIP	PHONE #	
NAME NAME NAME		CONTACT CONTACT CONTACT		PHONE #
NAME		CONTACT		FHONE #
CIRCLED BELOW A	S A COURTESY:			AL WILL PROVIDE ANY OF THESE DOCUMENTS
SUBMIT THIS APPL AND UNDERSTAND SURCHARGES, DE RULES CIRCULAR INTERMODAL HAS ACCRUING AS A F FURTHER UNSERS	ICATION FOR CREDIT. THAT THE TERMS AND MURRAGE, RAIL STOR AVAILABLE AT WWW.FA NO LIABILITY OR RESP RESULT OF BEING REQ	I FURTHER (CONDITION AGE, AND C ASTRANSINTI ONSIBILITY I UIRED TO D ENT THAT CC	CERTIFY THAT I RECEIVE IS, INCLUDING BUT NOT OTHER ACCESSORIAL CI ERMODAL/TERMS-CONDI FOR PER DIEM STORAGE ROP A CONTAINER(S) A DLLECTION ACTIONS ARE	D WITH THE ABILITY TO SIGN, AGREE TO, AND DEAD THE FASTRANS RULES CIRCULAR LIMITED TO PER DIEM RESPONSIBILITY, FUEL HARGES, ARE GOVERNED BY THE FASTRANS TIONS.COM. I UNDERSTAND THAT FASTRANS PENALTIES, DEMURRAGE, LOSS, THEFT, ETC TA CUSTOMER'S/SHIPPER'S FACILITY(IES).
DDINTED NAME			SIGNATURE	
TITLE	· · · · · · · · · · · · · · · · · · ·	SIGNATUREDATE		
IIILE		DAI	E	_