



EMPLOYEE NAME: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

OPERATING BRANCH: \_\_\_\_\_

### CREDIT REQUEST

COMPANY NAME: \_\_\_\_\_

CREDIT CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REMIT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE / ZIP: \_\_\_\_\_

STATE / ZIP: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

### COMPANY CREDIT DETAILS

FED TAX ID NUMBER: \_\_\_\_\_

PAYMENT TERMS \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_

D&B #: \_\_\_\_\_

TYPE OF COMPANY      LLC / S CORP / CORP

DO WE NEED YOUR UNIQUE NUMBER ON INVOICE    YES / NO

P.O.D. REQUIRED FOR BILLING                      YES / NO

HAS THE COMPANY OR ANY OF ITS PRINCIPALS  
EVER FILED BANKRUPTCY?                                      YES/NO

EDI CAPABLE?    YES/NO

AUTO PAY:    YES/NO

EFT CAPABLE?    YES/NO

REQUESTED CREDIT AMOUNT    \$ \_\_\_\_\_

ARE THERE ANY OTHER REQUIRED BILLING DOCUMENTS? \_\_\_\_\_

Unless otherwise agreed, Carrier's maximum liability for cargo loss or damage shall be \$2.50 per pound, subject to a \$100,000 truckload maximum. Carriers selected by Broker shall be named on the bill of lading as the Carrier of record.

Cavalry Logistics shall be shown as a third party bill to. This Agreement and governing rules, together with any accessorial charges or ground rules found at [www.cavalrylogistics.com](http://www.cavalrylogistics.com) shall constitute the entire agreement between the parties.

General principles of federal transportation law shall apply.

**RETURN COMPLETED CREDIT REQUEST TO (615) 815-3542**