



P.O. Box 549
 Schoolcraft, MI 49087-0549
 P: 888-785-9725
 F: 888-785-9719

Credit Application

Business Contact Information

Company Name:		Years In Business:		Fed ID #:	
Physical Address:	Street:	City:	State:	Zip:	
Mailing Address:	Street:	City:	State:	Zip:	
Phone:		Fax:			
Email:					
Please Check One:	Partnership:	LLC:	Sole Proprietorship:	Corporation(State):	

Owners or Principles

Name:		Title:		SS#:	
D/O/B:		Dr. Lic. #:			
Home Address:	Street:	City:	State:	Zip:	
Name:		Title:		SS#:	
D/O/B:		Dr. Lic. #:			
Home Address:	Street:	City:	State:	Zip:	

Business & Credit Information

Bank Name:		Branch:		Contact:	
Phone:		Fax:			
Bank Address:	Street:	City:	State:	Zip:	
Savings Acct. #:		Checking Acct. #:			
Loan Acct. #:		Other:			

Trade References

Company Name:		Phone:		Fax:	
Address:	Street:	City:	State:	Zip:	
Contact:		Email:			
Company Name:		Phone:		Fax:	
Address:	Street:	City:	State:	Zip:	
Contact:		Email:			
Company Name:		Phone:		Fax:	
Address:	Street:	City:	State:	Zip:	
Contact:		Email:			

Applicant signature warrants that the above information and related financial disclosure is true and accurate. By submitting this application you authorize MidLink Logistics, LLC to make inquiries into the banking and business/trade references you have supplied.

Authorized Signature (Owner or Principal) Title Date