



FedEx Caribbean Transportation Solutions  
Credit Application

**Filing Your Credit Application:**

Please complete the attached credit application and submit it along with the trade references to the following department by fax or mail:

**FedEx Express**

Caribbean Transportation Solutions  
Attn: Credit Department  
6035 Old Oak Ridge Road  
Greensboro, NC 27410  
Fax: 336 740 3775



## Credit Application

Exact Name of Business: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address of Business Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Accounts payable contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date Business Began: \_\_\_\_\_ Line of Business: \_\_\_\_\_

Freight Payment Service Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

TRADE REFERENCES - Please include at least 3 references

### CREDIT TERMS & CONDITIONS

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. A copy of this document shall be as the original. Initials \_\_\_\_\_

On behalf of our company, I certify we are familiar with and agree to abide by the DOT/Surface Transportation Board rules and regulations pertaining to the payment of transportation and other tariff charges. If carrier is forced to utilize an outside collection source, all applicable discounts and allowances will be revoked resulting in collection of gross charges.

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorizing Officer: \_\_\_\_\_ Date: \_\_\_\_\_