## Con-way Credit Application for Freight & Other Tariff Charges

Oate Svc Ctr SIC	Svc Ctr F	ax(Contact)	
unsVoice Conf #Dunsvoice	Inquiry Date		
company Legal Name:			
DBA			<del></del>
ity:	State:	Zip	
elephoneFAX			<del></del>
Oun & Bradstreet #			
'ears at this location revious Name and Location:	_Years in business		
revious ivanie and Location.			
Name and Address of Person Responsible fo	or Payment of Freight Ch	arges:	
Prodit Limit Dogwooted (Credit Tor	eme 1E Dave)		
Credit Limit Requested (Credit Ter	1113 - 13 Days)		
Parent/Headquarters Location			
P) Partnership Partner Name			
) Partnership Partner Name Partner Name		_ SS#	
Partnership Partner Name Partner Name S) Sole Proprietorship Principal		_ SS#	
Partnership Partner Name Partner Name S) Sole Proprietorship Principal		_ SS#	
Partnership Partner Name Partner Name Sole Proprietorship Principal Predit References (Please include area code	es in telephone no)	SS#	
Partnership Partner Name Partner Name S) Sole Proprietorship Principal Credit References (Please include area code	es in telephone no) Tel No		
2) Partnership Partner Name Partner Name 8) Sole Proprietorship Principal Credit References (Please include area code 1) Name 2) Name	es in telephone no)  Tel No Tel No		
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Partner Name Partner Nam	es in telephone no)  Tel No	Contact Contact Contact Contact Contact Contact Contact	
Partner Name Partner Nam	es in telephone no)  Tel No	Contact Contact Contact Contact Contact Contact Contact	
Partner Name Partn	es in telephone no)  Tel No	Contact Contact Contact Contact Contact Contact Contact Contact	
2) Partnership Partner Name Partner Name 3) Sole Proprietorship Principal Credit References (Please include area code  1) Name 2) Name 3) Name 4) Name 6) Name On behalf of company, I certify we are	es in telephone no)  Tel No	Contact Contact Contact Contact Contact Contact Contact Contact	
2) Partnership Partner Name Partner Name 3) Sole Proprietorship Principal Credit References (Please include area code  1) Name 2) Name 3) Name 4) Name 5) Name 6) Name	es in telephone no)  Tel No Tel foorages.	SS# Contact	ms/conditions perta

Signature/Title of Applicant (Required)