



***Transit Solutions, Inc***  
***TSI Trucking LLC***

**Confidential Credit Application**

1618 Fabricon Blvd.  
Jeffersonville, IN 47130  
866-872-6700  
[www.transitsolutionsinc.com](http://www.transitsolutionsinc.com)  
Fax form to: 812-280-0008- Attn: Linda

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

Type of Business: \_\_\_\_\_

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

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_

Duns #: \_\_\_\_\_ MC #: \_\_\_\_\_

Year Established: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_

\* Have you ever filed bankruptcy? Y/N If yes when? \_\_\_\_\_

**Principal Officers:**

\_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_



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**Trade References (Provide at least 3)**

1. \_\_\_\_\_

Business Name	Contact	Phone Number	Fax number
_____			
Address	City	State	Zip

2. \_\_\_\_\_

Business Name	Contact	Phone Number	Fax number
_____			
Address	City	State	Zip

3. \_\_\_\_\_

Business Name	Contact	Phone Number	Fax number
_____			
Address	City	State	Zip

**Bank Reference:**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

INCOMPLETE CREDIT APPLICATIONS WILL DELAY THE APPROVAL PROCESS