## **CREDIT APPLICATION FORM**

For all Team Worldwide® entities



## PO BOX 668 WINNSBORO, TX 75494

Team®	
Branch:	

Company Name				
Address				
City	_ ST	Zip		
Phone Number	_ Fax Number			
Monthly Volume of shipping in Dollars _				
Type of Business				
Type of Ownership: Single Owner Corporation Billing Address	Partnership Other			
Email Address				
President's or Owner's Name				
Comptroller's Name				
Accounts Payable Manager				
Bank				
Business Reference				
IRS / EIN (Federal ID) Number				
Authorizing Signature				
Date				

Form: ARD001 Date: 02/22/01

Revision Date: 04/25/06

Completed form should be submitted to your local Team<sup>®</sup> Branch office. Team<sup>®</sup> Branch will submit to corporate.