





Credit Application

Thank you for your interest in establishing credit with PARISH TRANSPORT. In order to process your application as quickly as possible, please complete the following form. This credit application will enable PARISH TRANSPORT to process future invoices swiftly and correctly, eliminating potential billing problems. If you have any questions, please contact Billing Department at 601.342.2314 or credit@parishtransport.com.

After completing, please email to credit@parishtransport.com. Thank you for choosing PARISH TRANSPORT.

| Company Information: | |
|---|--|
| Company Name: | |
| Billing Address, City, State, and Zip: | |
| Phone Number: | |
| Accounts Payable Contact: | |
| Billing Email: | |
| Years in Business: | |
| Federal ID #: | |
| MC # (if applicable): | |
| Name of Officer and Title: | |







| Irade Reference: | | | | |
|--|----------------------|------------------------|-------------------|-----------------|
| Company Name: | | | | |
| Contact: | | | | |
| Phone Number: | | | | |
| Banking Reference: | | | | |
| Name of Bank: | | | | |
| Address (City, State, Zip): | | | | |
| Contact Name: | | | | |
| Phone Number: | | | | |
| PARISH TRANSPORT was All credit approved custome enclosed. Please list any s | ers will receive a d | etailed invoice with a | an applicable bil | of lading (BOL) |
| Note: Invoices are emailed | l on the day they a | re processed to the e | email address p | rovided above. |
| Authorized Signature: | | | Date: | |
| Printed Name: | | | | |
| Title: | | | | |
| Credit Limit Requested: | | | | |
| Indicate Equipment | Flatbed | Stepdeck | Van | Heavy Haul |