



**APPLICATION FOR CREDIT
and AGREEMENT TO PAY**

WOCO Logistics, LLC

Phone (844)424-6237

825 Market Street Truesdale, MO 63380

Fax (636)412-1543

Company name or individual			Date	
Address		City	State	Zip
Phone Number(s)		Email Address		
Date of Birth	SS Number	Drivers License Number		
Years in Business	Type of Business	Federal ID Number		
Please Check One of the Following		Sole Proprietorship	Partnership	Corporation
If partnership, please state partner's name, address and ownership percentage.				
If corporation, please state officer's names and shareholders with percentages they own, addresses and titles.				
Location of Home Office	Phone Number	Accounts Payable Contact		
Please provide references, preferably current or past carriers, fuel, parts, and/or equipment suppliers.				
Business Reference		Contact	Phone Number	
Address		City	State	ZIP
Business Reference		Contact	Phone Number	
Address		City	State	ZIP
Bank Reference	Account Number		Phone Number	
Address		City	State	ZIP

By signing this form, you believe the above to be true. You also agree with all the terms and conditions listed on www.wocologistics.com. Should you be delinquent in payment of your account, you will be liable for all court costs and attorney fees if we commence any kind of legal proceeding. Any legal proceeding will be heard in Warren County. I authorize WOCO Logistics, LLC, or its assignees to conduct a credit inquiry, and if this application is approved, agrees to pay account in accordance with WOCO Logistics, LLC's credit terms. I understand that WOCO Logistics, LLC will inform me upon request or as required by law, if a consumer credit report was obtained and the name and address of the consumer reporting agency furnishing the report. I also understand that subsequent consumer credit reports may be requested in connection with an update, renewal or extension of the credit for which this application is made.

Signature of Company Officer applying for credit: _____ Date: _____

Printed Name: _____

Title: _____