



Logistics Inc.

329 Doremus Ave. Newark, NJ 07105 Phone: 973-578-4415 Fax: 973-578-8238

To: \_\_\_\_\_

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

Attention: \_\_\_\_\_

I would like to take this opportunity to express my appreciation for being able to provide transportation service for your company. BBT Logistics Inc. is dedicated to its customers and strives to provide the highest possible service in the transportation industry.

We need to set you up with a line of credit and in order to do so we need at least three credit references and the first five loads we do need to be paid in advance. Please provide three references and your banking information:

Company Name	Contact	Phone Number	Fax Number/ Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

**Company Requirements for Billing:**

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

Billing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

If you would like your invoices emailed please provide an email address: \_\_\_\_\_

**Personal Guarantee of Payment:**

\_\_\_\_\_  
Name Title Signature

Once you have completed the above information, please fax this form to Stacy at 973-578-8238.