



E M E R A L D
TRANSPORTATION SOLUTIONS
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BUSINESS CREDIT APPLICATION

BUSINESS INFORMATION

LEGAL NAME OF BUSINESS _____		DBA NAME (IF DIFFERENT FROM LEGAL) _____	
STREET ADDRESS _____	CITY _____	STATE _____	ZIP _____
FEDERAL TAX ID# _____	CELL PHONE# _____	BUSINESS PHONE# _____	

DATE BUSINESS ESTABLISHED _____	NATURE OF BUSINESS (briefly describe): _____
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PRINCIPAL/OWNER/GUARANTOR INFORMATION #1			
NAME _____	SOCIAL SECURITY NUMBER _____		
HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____
% OF OWENERSHIP OF BUSINESS _____	DATE OF BIRTH _____		
OWN/RENT HOME? _____	EMAIL ADDRESS _____		

PRINCIPAL/OWNER/GUARANTOR INFORMATION #2			
NAME _____	SOCIAL SECURITY NUMBER _____		
HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____
% OF OWENERSHIP OF BUSINESS _____	DATE OF BIRTH _____		
OWN/RENT HOME? _____	EMAIL ADDRESS _____		

The undersigned certifies under penalty of perjury that the above information , and all attached financial information given for credit purposes is true and accurate and authorizes Emerald Transportation Solutions and its assigns and any credit bureau to verify the references, statements or other data listed in accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. The vehicle(s) will not be used to haul hazardous waste or cargo. All leased vehicles will be used more than 50% in trade or business, and not primarily for personal, family or household purposes.

_____	_____	_____	_____
AUTHORIZED BY (PRINT NAME)	DATE	SIGNATURE	DATE