

CONFIDENTIAL CREDIT APPLICATION

LAKEVILLE MOTOR EXPRESS, INC. appreciates the opportunity to serve you. We will make every effort to provide you with the finest transportation services.

Please help us to form an even better business relationship between our companies by completing this application for credit. This information will help us to determine the measure of savings we can extend to your company.

Upon completion of this form, you may return it to your sales representative or fax it to the Credit Department at (651) 638-9694.

Firm Name: _____

Trade Name: _____

Street Address: _____
City State Zip

Mailing Address: _____
City State Zip

Business Phone: _____
Area Code + Number

Fax Number: _____
Area Code + Number

Accounts Payable Contact Person: _____

E-Mail Address: _____

Sales Tax Exemption Number: _____

DUNS Number: _____

Years in Business (* required): _____

Kind of Business (Check the one that applies):

* Corporation _____ Partnership _____ Sole Proprietorship _____

***Are you interested in receiving your freight bills via e-mail?

Yes _____ No _____

If Yes, Daily? _____ or Weekly? _____

Please provide us with an e-mail address, contact name and phone number

What backup do you require to accompany your freight bill? (Please check all that apply)

Delivery Receipt/POD _____ Bill of Lading _____

Per Tariff Authority, if the account becomes delinquent and is placed for collection, we understand the discounts provided to us in our tariff are dropped and we will pay the full amount. If account is placed for collection, we also agree to pay any and all reasonable charges incurred in the collection process as well as paying reasonable attorney's fees if litigation pursues.

*The party or parties signing this application certify that the name of the firm as stated above is correct, that the firm is not insolvent and, that, if the firm is a corporation, that the corporation is in good standing.

Date: _____ Signature: _____ Title: _____

REFERENCE INFORMATION
Provided to Lakeville Motor Express

Bank Reference

Bank Name: _____			
Street Address: _____			
	City	State	Zip
Mailing Address: _____			
	City	State	Zip
Phone Number: _____		Contact Name: _____	
	Area Code + Number		

Trade References

Company Name: _____			
Street Address: _____			
	City	State	Zip
Mailing Address: _____			
	City	State	Zip
Phone Number: _____		Contact Name: _____	
	Area Code + Number	Title	
Company Name: _____			
Street Address: _____			
	City	State	Zip
Mailing Address: _____			
	City	State	Zip
Phone Number: _____		Contact Name: _____	
	Area Code + Number	Title	

Carrier Reference

Carrier Name: _____			
Street Address: _____			
	City	State	Zip
Mailing Address: _____			
	City	State	Zip
Phone Number: _____		Contact Name: _____	
	Area Code + Number	Title	