



LOYAL LANES LOGISTICS, LLC

*Please fill out the following Credit Application

COMPANY INFORMATION

COMPANY NAME: _____

STREET ADDRESS _____

CITY: _____ STATE: _____ POSTAL ZIP _____

PHONE: _____ FAX: _____

E-MAIL: _____

DATE OF INCORPORATION/PARTNERSHIP: _____

NAMES OF PRINCIPALS OFFICERS:

1. _____ TITLE: _____

2. _____ TITLE: _____

ESTIMATED MONTHLY REQUIREMENT: _____

SPECIAL BILLING INSTRUCTIONS: _____

BANKING

BANK: _____

ADDRESS: _____ ACCT# _____

BRANCH: _____

PHONE: _____ CONTACT: _____

CREDIT REFERENCE

1) NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

2) NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

3) NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

COMPANY ACCOUNTING CONTACT

Name: _____ Phone: _____ Email: _____

*Customer agrees to pay for all Services as actually provided, including any accessorial charges and adjustments to the original rate issued by the carrier. Liability for freight loss and damage resides exclusively with the motor carrier transporting the freight. Customer agrees that payment of freight charges may not be postponed or setoff due to alleged loss, damage or delay to freight. Customer agrees to pay these freight charges in full, and if necessary submit to broker a written claim. Broker agrees to submit, negotiate and settle all claims with the responsible carrier and to keep Customer advised of the status of all such claims.

My signature below indicates my agreement to the above and my permission to obtain credit information from the sources referenced and attests financial responsibility to pay invoices in accordance with terms.

CREDIT LIMITS ARE 15 DAYS

SIGNATURE: _____ DATE: _____

POSITION: _____