

CONFIDENTIAL CREDIT APPLICATION

The following information is solely requested as a basis for extending credit and will be held confidential.

NAME OF BUSINESS: _____

Street Address _____
City _____ State _____ Zip _____

Mailing Address _____

Billing Address (If different than above) _____

Toll Free # _____ Phone # _____ Acct Payable # _____

E-mail _____

Years in Business _____ Years at Current Location _____

Parent Company _____

Address _____
City _____ State _____ Zip _____

BANK/CREDIT INFORMATION

Present Bank _____ Account # _____

Bank Credit Line _____ Secured: Yes _____ No _____

Address _____
City _____ State _____ Zip _____

Telephone # _____ Contact Name _____

E-mail _____

BUSINESS REFERENCES

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Lincoln Land Logistics to make inquiries into the banking and business references that you have supplied.

The undersigned authorizes their bank and references to submit information for the purpose of credit evaluation.

Signed By _____ Title _____

Printed Name _____ Date _____