



Confidential Credit Application for Transportation and Related Charges

Legal Company Name	_____	Federal ID #	_____
Phone Number	_____	President	_____
Fax Number	_____	Accounts Payable Manager	_____
Billing Address	_____	Accounts Payable Phone	_____
Billing City, State, Zip	_____	Sole Proprietorship?	_____
Physical Address	_____	Partnership?	_____
Physical City, State, Zip	_____	Corporation? (Type)	_____
Website (if applicable)	_____	Date Company Established	_____
Subsidiary or Division of	_____	Number of Current Employees	_____
Parent or Corporate Headquarters Address	_____	Has your organization ever filed for Bankruptcy?	_____
Type of Business	_____	If so, date and type of Bankruptcy	_____
Annual Revenues	_____	Dun & Bradstreet #	_____
Annual Income	_____	SIC Code #	_____

Banking Information

Bank Name	_____
Phone Number	_____
Address	_____
Bank Office	_____
Account Number	_____

Please Provide at Least Three Credit References (please include at least 2 motor carriers)

Company	_____	Phone	_____
Address	_____	Contact	_____
Company	_____	Phone	_____
Address	_____	Contact	_____
Company	_____	Phone	_____
Address	_____	Contact	_____
Company	_____	Phone	_____
Address	_____	Contact	_____
Company	_____	Phone	_____
Address	_____	Contact	_____

On behalf of the company, I certify that we are familiar with and agree to abide by the Interstate Commerce Act, and Recodifications thereof, pertaining to the payment of transportation and related charges. I hereby grant permission to the above referenced bank and credit references to release pertinent information regarding our accounts to Leader Express, Inc. Furthermore, my signature attests to the financial responsibility, ability, and willingness to pay all transportation and related charges within 15 days of the date invoiced.

Name

Title

Date