



**L&A
TRANSPORT**

1089 Hudson Street
Union, NJ 07083

CREDIT APPLICATION

NAME: _____ DATE: _____

BUSINESS ADDRESS: _____

TELEPHONE #: _____

CREDIT DESIRED: _____

NAME OF BUSINESS: _____
OUR PAYMENT TERMS: 30 DAYS

OWNERSHIP (CHECK & PROVIDE FEDERAL IDENTIFICATION NUMBER)

PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

TRADE NAME: (IF DIFFERENT THAN ABOVE): _____

LIST NAME (S)	OWNER(S) OR OFFICER(S)	TITLE:
_____	_____	_____
_____	_____	_____
_____	_____	_____

INDIVIDUAL RESPONSIBLE FOR FREIGHT CHARGES: _____

*INDICATE BILLING INSTRUCTIONS: _____

REFERENCES:

BANK NAME & ADDRESS: _____ CONTACT: _____
_____ TEL. NO. : _____

OTHER REFERNCES:

NAME & ADDRESS: _____	NAME & ADDRESS: _____
_____	_____
TEL. NO.: _____	TEL. NO. : _____

SIGNATURE OF APPLICANT, TITLE, DATE

L&A TRANSPORT USE ONLY
LIMIT: _____ DATE: _____
APPROVAL: _____