

PO Box 6875 Richmond, VA 23230

New Account / Credit Application Email:accounting@clearlanefreight.com Phone: (317) 759-8346

Company Infor	mation						
Name:		Federal Tax ID/SSN:					
Address:		MC#:					
City:		ST:	Email Ado	lress:			
Zip:		Phone	9				
If Branch, Hom	e Office Name and Ad	dress:	If Subsidia	ary, Parent Name a	and Address:	_	
	SS:(please select one) _ Corpo				rtnership LLC, LLP	_	
Invoicing Infor		,					
Email Address							
Name:		Αссоι	unts Payab	le Contact:			
Address:		Phone#:					
City:		State:			Zip:		
Billing Requirer	ments: <u>Net 30</u>						
Principal Owne	ers-Stockholders-Partr	ners-Of	fficers of C	<u>company:</u>			
Name	Mailing Address		City	State	Title		
1)							
2)							
3)							

Bank Reference:

Bank Name:		Banking Official:		
Address: Type of A	Account:			
City:	State:		Bank Account #	
Zip:	Phone #:			
Carrier References (tr	wo required):			
1.Business Name: _		2. Business Name:		
Address:		Address:		
City:		City:		
State: Zip:		State:	Zip:	
Phone:		Phone:		
Additional Reference	<u>s:</u>			
Name:		Name:		
Address:		Address:		
City:		City:		
State: Zip:		State: Zip:	:	
Phone:		Phone:		

The above information is for the purpose of obtaining credit and is warranted to be true. I/we authorize Clear Lane Freight Systems(CLNI) to investigate references and history pertaining to my/our credit; certify familiarity with and agree to abide by Federal Rules and regulations pertaining to payment of transportation services as provided for Clear Lanes' tariff CLNI 100 (available at www.clearlanefreight.com), specifically the regulations in Title 49. Code of Federal Regulations, Section 377.203.

Clear Lanes' payment terms are 15 calendar days from the presentation of the invoice unless otherwise specified in a written contract executed by the applicant and Clear Lane. Failure to pay freight charges accordingly may subject the payer to late payment fees and the loss of discount, if any, shown on each freight bill and / or collection charges as prescribed in CLNI 100, item 720.

Name of Authorized Representative: (Print):

Title:

Signature:

Signature: Date: