

Date: _____

Company Billing Information:

Trade Name:			Type of Business:		<input type="checkbox"/> Corporation
Address:			(check one)		<input type="checkbox"/> Partnership
					<input type="checkbox"/> Sole Proprietorship
					<input type="checkbox"/> Other: _____
City:	State:	Zip:	Years in Business:		
Phone:	Fax:				
Website:			Tax ID Number:		
Nature of Business:			D&B/DUNS Number:		
Shipping Dept. Contact:		Phone:	Email:		
Shipping Address (if different from above):					
Accounts Payable Contact:		Phone:	Email:		
Special Billing Requirements:					

Owner/Principal Information:

Full Name:		Title:	Full Name:		Title:
Social Security Number:			Social Security Number:		
Address:			Address:		
City:	State:		City:	State:	
Zip:	Phone:		Zip:	Phone:	

Banking Information:

Bank Name:			Type of Account:		
Address:			Account Number:		
City:	State:	Zip:	Contact Name:		
Phone:	Fax:				

Trucking References:

1. Name:			Account Number:		
Address:			Contact Name:		
City:	State:	Zip:	Phone:	Fax:	
2. Name:			Account Number:		
Address:			Contact Name:		
City:	State:	Zip:	Phone:	Fax:	

Other References:

1. Name:			Account Number:		
Address:			Contact Name:		
City:	State:	Zip:	Phone:	Fax:	
2. Name:			Account Number:		
Address:			Contact Name:		
City:	State:	Zip:	Phone:	Fax:	

Release of Information:

I authorize the release of any and all banking and credit information to the New England Motor Freight, Inc. Credit Department, including full disclosure of any financial statement information, details of lines of credit and securities held.

Signed:	Printed Name:	Date:
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Signature and Title of Applicant: _____

For NEMF Office Use Only:

Date Received:	D&B Rating:	Credit Line:	Terms: 30 Days
Credit Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Signed: _____	