

CREDIT APPLICATION



PLEASE MAIL THIS APPLICATION TO: Lynden Transport, Inc.
P.O. Box 3725
Seattle, WA 98124

Questions? Call us at (206) 575-9575 or (800) 426-5702

OR FAX TO: Attn: Credit Dept (206) 444-7131

Date: _____ Monthly Credit Level Requested: _____

COMPANY NAME: _____ Contact Name _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different than above) _____ City _____ State _____ Zip _____

Phone: () _____ Fax: () _____ e-mail address: _____

Nature of Business: _____

Form of Organization:(Check one): Corporation: _____ Partnership: _____ Sole Proprietor: _____

Employer Identification or Social Security Number: _____

Date Business Started: _____ State of Incorporation _____

Bank Reference:

Bank Name: _____ Bank Address: _____

Phone: _____ Fax: _____ Contact Name: _____

Credit References (transportation, if possible):

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Contact Name: _____ Contact Name: _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Contact Name: _____ Contact Name: _____

For, and in consideration of credit extended by Lynden Transport, Inc., the undersigned Applicant hereby guarantees full and timely payment according to Tariff Item 770, including any applicable service charges. Applicant certifies credit shall be used for business and commercial purposes only and not for consumer credit. Applicant further certifies that the information provided on this application is true and correct, to the best of his/her knowledge and authorizes Lynden Transport to perform a credit check to verify said information. Applicant agrees to pay collection costs and reasonable attorneys' fees, including costs of any appeals, in the event legal action becomes necessary to collect any outstanding balance. Applicant understands that all transactions between Lynden Transport and the undersigned shall be governed by the laws of the state of Washington. Any suit, action or proceeding brought by either part pursuant to the collection of any outstanding balance or dispute arising therefrom, must be commenced in King County Superior Court in Seattle, WA. Applicant hereby submits to the jurisdiction of said court, and consents to the service of process by mail, return receipt requested. I understand interest at the rate of 1-1/2% per month (18% per annum) will be charged on amounts remaining unpaid over thirty (30) days past invoice date. \$2.00 minimum charges.

Signature of Owner, Partner, or Officer: _____ Date: _____

Print Name: _____ Title: _____