CREDIT APPLICATION

All fields must be completed to process your application

DATE:	
COMPANY NAME & ADDRESS:	COMPANY SHIPPING ADDRESS:
Tel#:	
Fax#:	Tel#: Fax#:
Email:	Email:
Billing Name & Address (if different from ab	pove):
Business Type: Corporation: Partners Number of Years in Business:	Parent Co.:
	Type of Business:
	A cot #1
	Acct. #:
THAN TRUCKING COMPANIES): (1)	
(2)	
(3)	
Amount of Credit Requesting:	
IT IS UNDERSTOOD THAT ALL ACCOU	NTS WILL BE PAID PER OUR AGREEMENT.
	MED BANK & TRADE REFERENCES TO LS EXPRESS WITH ANY AND ALL CREDIT
	By:
Company	Responsible Party/Signature & Title
	Print Name:

ALL SHIPMENTS ARE SUBJECT TO UNIVERSAL'S STANDARD WAREHOUSE TERMS AND CONDITIONS WHICH CAN BE FOUND ON OUR WEBSITE.