



**Application for Credit**

Corporate Offices  
P.O. Box 503, Williston, VT 05495  
Phone 802-863-5062 Fax 802-863-8062

Full name of Firm or Company Parent Company

Physical Address (Street Name and Number) City State Zip

Mailing Address (PO Box, Rural Route, Etc.) City State Zip

Billing Address if Other than Above City State Zip

Accounts payable contact information, please fill in all fields:

Telephone: Contact Name:  
Fax: E-Mail address:  
Please send our invoice via: Above fax number or Above E-Mail address

If there will be multiple shipping and receiving points, please provide a list on a separate piece of paper including the same information as above for each location

Nature of Business Years in Business

Trade References:

Name City/State Telephone Number Fax Number

Name City/State Telephone Number Fax Number

Name City/State Telephone Number Fax Number

Bank References:

Name City/State Telephone Number Fax Number

Name City/State Telephone Number Fax Number

**GUARANTEE:**

For value received the receipt of which is hereby acknowledged, the undersigned, jointly and severally guarantee to Land Air Express of New England the prompt payment of all sums due to Land Air Express of New England, by the names applicant(s). The undersigned agrees to remain bound on the guarantee not withstanding and extension, indulgence of change in the terms of payment made by the applicant(s), hereto, and waving suretyship defenses generally the undersigned obligation to be made a principle in event of default, without obligation to the Land Air Express of New England, or to pursue other collateral.

**AGREEMENT:**

I/We agree to pay Land Air Express, in addition to amounts due for services rendered and overdue assessment charge not to exceed 1 \_ percent per month on any balance remaining unpaid from the proceeding bi-monthly billing period. In the event the balance that is past due is placed in the hands of an attorney or other third party for collection, then if permitted by law, the applicant agrees to pay all costs and exposure of such action together with reasonable attorney's fees or other third party fees.

Guarantors Signature Capacity Name of Firm Date

**Bills must be paid within fifteen business days of services rendered**