

Clear Lane Freight Systems  
6100 N Keystone Ave, Ste. 448  
Indianapolis, IN 46220

**New Account / Credit Application**

Email: [accounting@clearlanefreight.com](mailto:accounting@clearlanefreight.com) Phone: (317) 759-8346  
Please forward to the email address above or fax to (317) 759-8347

**Company Information**

Name: \_\_\_\_\_ Federal Tax ID/SSN: \_\_\_\_\_

Address: \_\_\_\_\_ MC#: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Email Address: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

If Branch, Home Office Name and Address: \_\_\_\_\_ If Subsidiary, Parent Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Business: (please select one) \_\_\_ Corporation \_\_\_ Proprietorship \_\_\_ Partnership \_\_\_ LLC, LLP

Nature of Business: \_\_\_\_\_ State/Province: (if corporation, state of incorporation) \_\_\_\_\_

**Invoicing Information:**

Email Address for Invoices: \_\_\_\_\_

Name: \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Billing Requirements: \_\_\_\_\_

**Principal Owners-Stockholders-Partners-Officers of Company:**

Name	Mailing Address	City	State	Title
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Bank Reference:**

Bank Name: \_\_\_\_\_

Banking Official: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Bank Account # \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Carrier References (two required):**

1. Business Name: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Additional References:**

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](http://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: \_\_\_\_\_ Date: \_\_\_\_\_