



**NEW PENN MOTOR EXPRESS, INC.
P O BOX 630
LEBANON, PA 17042-0630
717-274-2521. FAX # 717-274-5593
CONFIDENTIAL CREDIT INFORMATION**

New Penn Account Mar.

BILLING NAME: _____

BILLING ADDRESS: _____ CITY/STATE/ZIP: _____

DELIVERY ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____ D & B NUMBER: _____

FAX NUMBER _____

CORPORATION: _____ PARTNERSHIP: _____ INDIVIDUAL: _____

NUMBER OF YEARS IN BUSINESS: _____

HAVE YOU EVER FILED FOR BANKRUPTCY? _____ DATE _____ DOCKET # _____

WHICH CHAPTER _____ WHEN DID YOU COME OUT OF BANKRUPTCY? _____

LIST THE NAMES OF OTHER COMMON CARRIERS YOU PRESENTLY HAVE A CHARGE
ACCOUNT IN EFFECT: _____

BANK REFERENCE AND BRANCH ADDRESS:

PHONE #: _____

CONTACT: _____

ACCOUNT NUMBER: _____

TRADE REFERENCES AND ADDRESSES:

1) _____	2) _____
STREET: _____	STREET: _____
CITY: _____	CITY: _____
STATE/ZIP: _____	STATE/ZIP: _____
PHONE #: _____	PHONE #: _____
FAX #: _____	FAX #: _____

ALL APPROVED APPLICATIONS WILL BE NOTIFIED BY MAIL.

SIGNATURE TITLE DATE