



Application for Credit

CARLOAD EXPRESS, INC.
AND SUBSIDIARY RAILROADS

ALLEGHENY VALLEY RAILROAD COMPANY (AVR)
DELMARVA CENTRAL RAILROAD COMPANY (DCR)
OHIO TERMINAL RAILWAY COMPANY (OHIO)
SOUTHWEST PENNSYLVANIA RAILROAD COMPANY (SWP)

CARLOAD EXPRESS, INC.
519 CEDAR WAY
BUILDING 1, SUITE 100
OAKMONT, PA 15139
(412) 426-2000

INTRODUCTION

Consult the **Conditions of Carriage** CLXX 6000-Series Tariff for general rules, terms, and conditions of shipping via rail using our railroads. Each Carload Express railroad also publishes two tariffs describing the services and charges available for each railroad:

- **Freight Services for Rail Customers** 8101-Series Tariffs organize all rail services and charges that are applicable to Rail Customers
- **Freight Services for Connecting Carriers** 8201-Series Tariffs organize all rail services and charges that are applicable to Connecting Rail Carriers

If you have any questions, please contact: **Customer Service (412) 426-2800** or customer@carloadexpress.com

FOR RAILROAD EMERGENCIES CALL TOLL FREE 1 (844) 426-6400

CREDIT APPLICATION

COMPANY INFORMATION

Today's Date:			
Company Name:			
Contact Name:		Title:	
Phone:		Fax:	
D/B/A:			
For Past # of Years:			
Street Address:			
City/State/Zip			
Former Address:			
City/State/Zip			
Federal Tax ID:			

COMPANY OWNERSHIP

Ownership:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Date Started/Incorporated:			
Have you ever operated under a different name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Former Name:			
Former Address:			

TRADE REFERENCES

Please provide at least 3.

Company Name:			
Contact Name:		Title:	
Phone:		Fax:	
Street Address:			
City/State/Zip			

Company Name:			
Contact Name:		Title:	
Phone:		Fax:	
Street Address:			
City/State/Zip			

Company Name:			
Contact Name:		Title:	
Phone:		Fax:	
Street Address:			
City/State/Zip			

BANK REFERENCE

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan
Bank Name:			
Contact Name:			
Phone:		Fax:	
Street Address:			
City/State/Zip			

ATTESTATION

Applicant authorizes Carload Express, Inc. or its subsidiaries (collectively, CLXX) to contact references and to obtain information from outside resources that may be needed to obtain credit. This application has been carefully prepared by the undersigned and is to my knowledge complete, accurate, and truthful. I also acknowledge that I understand and agree to the pricing and collection policies relating to Carload Express, Inc. and its affiliated railroads.

Applicant's signature attests financial responsibility, ability, and willingness to pay invoices in accordance to terms provided in Conditions of Carriage CLXX 6000 and applicable subsidiary railroad tariffs as may be in effect.

IF MY ACCOUNT IS ACCEPTED, I AGREE TO PAY ACCORDING TO THE CLXX TERMS OF SALE. I FURTHER AGREE TO PAY ALL COLLECTION COSTS AND EXPENSES, INCLUDING LEGAL FEES, INCURRED BY CLXX IN COLLECTING OR ATTEMPTING TO COLLECT SUCH ACCOUNT.

Company name

Printed name

Title

Signature

Date

COMPLETED FORM

Send completed form to:

Controller
Carload Express, Inc.
519 Cedar Way, Building 1, Suite 100
Oakmont, PA 15139
Telephone: (412) 426-2000
Email: payables@carloadexpress.com