



MG&B SERVICES, INC

PO BOX 664

MANDEVILLE, LA 70470

800-256-2185

Fax 985-893-5222

NEW ACCOUNT PROFILE FORM PAGE 1

REQUEST DATE _____ CREDIT LIMIT REQUESTED \$ _____

Must have complete company name and address for credit report.

COMPANY NAME _____ PHONE () _____

FAX () _____

PHYSICAL ADDRESS _____ CITY, ST. ZIP _____

BILLING ADDRESS _____ CITY, ST. ZIP _____

MC# _____ USDOT# _____

COMMODITY _____ TYPE OF BUSINESS _____

YEAR BUSINESS ESTABLISHED _____

DO YOU SHIP HAZARDOUS MATERIALS? YES / NO

BILLING REQUIREMENTS _____

ACCOUNTS PAYABLE CONTACT _____ EMAIL _____

PHONE () _____ FAX () _____

In applying for credit, we understand and will comply with MG&B's terms of payment for freight charges within (30) days of receipt of invoice.

DUNS# _____
AUTHORIZED SIGNATURE _____ TITLE _____

PLEASE PRINT NAME _____

BANK _____

ACCOUNT# _____

PHONE# _____

FAX# _____

CONTACT _____

NEW ACCOUNT PROFILE FORM PAGE 2

(4) U.S. TRANSPORTATION CREDIT REFERENCES (Please provide fax # and contact if available)

(1)NAME	_____	(2)NAME	_____
ADDRESS	_____	ADDRESS	_____
CITY, ST ZIP	_____	CITY, ST ZIP	_____
PHONE	_____	PHONE	_____
FAX	_____	FAX	_____
CONTACT	_____	CONTACT	_____

(3)NAME	_____	(4)NAME	_____
ADDRESS	_____	ADDRESS	_____
CITY, ST ZIP	_____	CITY, ST ZIP	_____
PHONE	_____	PHONE	_____
FAX	_____	FAX	_____
CONTACT	_____	CONTACT	_____

COMPANY OFFICERS & TITLE

1) _____ Title _____

2) _____ Title _____

If applying for credit in excess of \$50,000 please supply financial statement.

Website or internet address: _____

CREDIT APPROVED BY:

_____ AMOUNT \$ _____