|  |
| --- |
|  **Basic Information:** |
|  |
| **Business Name:**  |  |
| **Trade Name or D.B.A:**  |  |
| **Mailing Address:**  |  |
| **City:** |  | **State: ­­­** |  | **Zip:**  |  |
| **Telephone:** | **(   )    -** | **Fax:** | **(   )    -** |
| **Shipping Address:**  |  |
| **City:**  |  | **State:**  |  | **Zip:**  |  |
| **Description of Business:**  |  |
| **Type of Business: [ ]  Corporation [ ]  Partnership [ ]  Sole Proprietorship** | **Tax ID:**  |  |
| **Anticipated Monthly Volume:**  |  | **Amount of Credit Requested:** |  |
| **Do you use Purchase Orders:**  |
| **Name of person(s) authorized to make purchases or sign purchase orders:**  |
|  |
| **Name of person responsible for Accounts Payable:**  |  |
| **Has applicant or any principal ever filed a voluntary petition in bankruptcy?** **If “yes”, what year?**      |
| **Has a tax lien been filed against applicant or any principal within the last six months?**  |
| **If “yes”, what year?**  |  | **Year Business Established:** |  |

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| **Information on Officer(s)/Owner(s):** |
|  |
| **Name:**  |  |
| **Title:**  |  | **SSN:** | **-  -** |
| **Address:**  |  |
| **City:**  |  | **State:**  |  | **Zip:**  |  |
| **Home Telephone:**  | **(   )    -** | **Fax:** |  **(   )    -** |
|  |
| **Name:**  |  |
| **Title:**  |  | **SSN:** | **-  -** |
| **Address:**  |  |
| **City:** |  | **State:**  |  | **Zip:**  |  |
| **Home Telephone:**  | **(   )    -** | **Fax:** |  **(   )    -** |
|  |
| **Signature of Authorized Officer:** |  |

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| --- |
| **Bank Information:** |
| **Bank Name:**  |  | **Account Officer:**  |       |
| **Checking Account #**  |  | **Savings Account #**  |       |
| **Bank Address:**  |  |
| **City:**  |  | **State: ­­­** |  | **Zip:**  |  |

|  |
| --- |
| **Trade References:** |
|  |
| **Reference 1:** |
| **Company:**  |  |
| **Contact:**  |  | **Amount Owing:** | **$** |
| **Address:**  |  |
| **City:**  |  | **State: ­­­** |  | **Zip:**  |  |
| **Telephone:**  | **(****)** **-** | **Fax:** |  **(****)** **-** |
|  |
| **Reference 2:** |
| **Company:**  |  |
| **Contact:**  |  | **Amount Owing:** | **$** |
| **Address:**  |  |
| **City:**  |  | **State: ­­­** |  | **Zip:**  |  |
| **Telephone:**  | **(****)** **-** | **Fax:** |  **(****)** **-** |
|  |
| **Reference 3:** |
| **Company:**  |  |
| **Contact:**  |  | **Amount Owing:** | **$** |
| **Address:**  |  |
| **City:**  |  | **State: ­­­** |  | **Zip:**  |  |
| **Telephone:**  | **(****)** **-** | **Fax:** |  **(****)** **-** |

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| **Terms:** |
| If credit is granted, (I/we) promise to pay bills when rendered. (I/we) understand that all invoices are payable Net 20 days from the date services are completed. An invoice will be mailed for your convenience. There will be a finance charge of 3% (variable rate, based on payment history) compounded monthly on all past-due amounts. In the event payment is not made and (my/our) account is referred to a collection agency, (I/we) will pay all costs of collection. If legal action is required, (I/we) will pay reasonable attorney’s fees resulting from such action. (I/we) authorize the above listed bank and trade references to release to America Express Delivery, LLC any credit or financial information Accurate Courier may request and further agree, if America Express Delivery, LLC grants credit, to comply with the above terms of credit. Any suit or action of a party shall be instituted in a court of competent jurisdiction in Kern County, California. |
|  |
| Applicant in signing this application also authorizes the above listed banking and trade references be reposed to credit inquiries regarding the applicant’s account. |
|  |
| **Understood and Signed:** |  | **Date:**  |  |
|  |
| **Print Name:**  |  |
|  |
| **Title:**  |  |