

Credit Application

EXTRA Express

Date: _____ 20____

Please Type or Print

Legal Business Name and DBA		Type of Business (SIC Code)	Year Established	Number of Employees
Billing Address		Phone:	Fax:	
City	State	Zip Code	E-Mail Address	
Shipping Address if Different Than Above (Please attach list of Multiple Shipping & Billing Locations)				
City	State	Zip Code		
Please Check One: Individual []		Partnership []	Corporation []	State []
D & B Number	D & B Rating	Name of Parent Co. if Subsidiary	Sales Tax or Exempt I. D. No.	
Full Name of Owner or Owners (or Authorized Officer(s) of Corporation)				
Anticipated Monthly Usage \$	Terms : Net 10	Current Supplier of Services		
Name of Accounts Payable Contact	Phone Number	Fax Number		
Trade References:				
Name	Account Number	City, State & Zip Code	Phone Number (Please Do Not Leave Blank)	
1.				
2.				
3.				
4.				
Bank Reference:				
Bank Name:	City, State & Zip Code	Account Number (Required)	Phone Number (Please Do Not Leave Blank)	
Please Check One: [] Checking [] Loan [] Other	Name of Individual at Bank Which We May Contact		Additional Information	
Terms of Sale and Agreement				
Applicant(s) agrees to pay all monies due within 10 days of the date on the invoice.				
Should Applicant(s) default on terms and legal action become necessary, the Applicant(s) agrees to pay all collection expenses including administrative costs, court costs and attorney fees. I personally guarantee payment of the account to Extra Express as executed below.				
Applicant will inform Extra Express, Inc (in writing) of any change in company name, address or phone number as soon as such changes occur.				
The information given is warranted to be true and Applicant(s) authorizes the release of all pertinent information necessary for processing the Applicant(s) request for credit, including bank records and other financial data. Our liability per shipment is limited to \$100.00. Additional insurance can be purchased upon request.				
Signature:	Print Name:	Title:	Phone:	
Effective this Date of:		Social Security Number:		
Home Address:		City, State, Zip Code:		
(For Internal Use Only)				
Credit Approval:	Date:	Requested Credit Line:		

Payment terms Net 10. Please fax completed form to Sales Dept. 562-741-0122.

Please forward original signed copy to: Extra Express, Inc P.O. Box 5100, Cerritos, Ca 90703.