



ADVANCED FREIGHT

EXPRESS SM www.AVXP.com

NEW ACCOUNT APPLICATION

PLEASE TYPE OR PRINT ALL INFORMATION

Date: _____

Co. Name: _____ Dba: _____ Phone: _____

Physical Address: _____ City: _____ State & Zip: _____

Billing Address: _____ City: _____ State & Zip: _____

Type of Business: Corporation _____ Partnership _____ Proprietorship _____ Individual _____ Length of time in business: _____ years

Nature of Business: _____ Payment made from: Branch office _____ Home office _____

Are you listed in Dun & Bradstreet?: Yes _____ No _____ If yes, please list your D & B number: _____

OWNERS OR OFFICERS

Table with 5 columns: Full Name, Social Security #, Title / % Ownership, Residence Address, Zip Code

CREDIT REFERENCES

Table with 5 columns: Bank, Branch, Officer to Contact, Phone #, Account Type & Number

TRADE REFERENCES (Transportation accts. preferred)

Table with 5 columns: Company Name, Address, City, State & Zip Code, Contact Person, Phone #

PLEASE SUBMIT A CURRENT ANNUAL REPORT OR FINANCIAL STATEMENT.

BILLING AND CREDIT TERMS

Advanced Express feels it is important that our customers understand our credit policies and payment terms. The Conditions of Contract that govern all shipments can be found on the reverse side of the Shipper's copy of the Advanced Express House Waybill, and are also contained in our tariffs, which are on file at our Advanced Express offices.

In consideration of Advanced Express accepting credit of my company, I / We understand that terms of payment are **Net 15 days** from date of invoice. In addition, I / We agree to pay a service charge equal to the legal maximum rate in our state for all invoices unpaid after your terms and agree to pay all reasonable legal and/or collection fees incurred by Advanced Express, to secure payments for any and all past due amounts.

I / We hereby declare that the enclosed credit information is true and accurate to the best of my / our knowledge and belief. I / We hereby authorize any institution herein listed as credit reference, bank or trade reference to release credit information concerning myself and/or the company I / we represent to Advanced Express. This authorization is given to enable Advanced Express, to fairly and promptly evaluate my / our request for credit. In order to facilitate possible future requests for credit from Advanced Express or from other creditors, I / we further authorize Advanced Express to disclose factual information regarding the record of payments on our accounts.

AMOUNT OF CREDIT DESIRED?

TERMS: Net 15 days

\$ _____

Signature: _____

Title: _____

Date: _____

ADVANCED EXPRESS CORPORATE OFFICE USE ONLY

Submitted by: _____

Office location: _____

Account #: _____ Limit: \$ _____

Approved by: _____ Date: _____

Comments: _____
