

A C EXPRESS COURIERS

CREDIT APPLICATION

Return completed and signed form via fax to (210) 822-3844

COMPANY NAME _____ DATE _____

ADDRESS _____ OWNER'S NAME _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PHONE NUMBER _____ FAX NUMBER _____

TYPE OF BUSINESS

CORPORATION

PARTNERSHIP

PROPRIETORSHIP

DATE ESTABLISHED _____

LISTED IN D & B YES NO

FEDERAL EIN / SALES TAX NUMBER _____

D&B NUMBER _____

CREDIT TERMS

A C Express Couriers' open account terms are net 10 days. In order that we may offer our valued customers terms of new 10 days, we request that you place on file with us a credit card that may be charged if the 10 day payment terms are not met. We accept MasterCard and Visa.

I, _____ HEREBY AUTHORIZE A C EXPRESS COURIERS TO CHARGE MY CREDIT CARD FOR THE AMOUNT DUE IN THE EVENT THAT THE ABOVE STATED TERMS ARE NOT MET.

CREDIT CARD # _____ EXPIRATION DATE _____

CARDHOLDER'S SIGNATURE _____ PRINT NAME _____

I HAVE READ AND FULLY UNDERSTAND THE ABOVE CREDIT TERMS.

NAME _____ DATE _____

BANK REFERENCES

NAME OF BANK _____ ACCOUNT NUMBER _____

ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

TRADE REFERENCES

NAME _____ ADDRESS _____ ACCT# _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

NAME _____ ADDRESS _____ ACCT# _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

NAME _____ ADDRESS _____ ACCT# _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____