

CrossCountry Courier, Inc.
APPLICATION FOR CREDIT

INFORMATION

Name of Business			
Legal Name (If Different)			
Mailing Address		Physical Address (If Different)	
City		State	Zip
Phone		Fax	
# of Employees	Years in Business	Type of Business	

BILLING INFORMATION

ACCOUNTS PAYABLE CONTACT

Name of Business			Contact	
Attention:			Title	
Mailing Address			Phone	Fax
City	State	Zip	Email	
Phone		Fax	Federal ID	
Email			D-U-N-S Code	

Special Invoice Instructions:

In the event you use third party payment services, you are placing your company's credit reputation in the hands of other parties and ultimately remain responsible for timely payment of invoices regardless of any agreements you make with the third party. Payment must be made in accordance with the terms of the tariff and/or contract, which is 30 days. Non-payment of invoices may be cause for suspension of credit and other penalties. A finance charge of 1.5% per month, 18% annually, will be charged on all past due bills. If your account balance is not kept current, we will require a credit card be kept on file for future shipments.

COMPANY PRINCIPLES RESPONSIBLE FOR BUSINESS TRANSACTIONS

Name	Title	Phone
Name	Title	Phone
Name	Title	Phone

REFERENCES

Name of Bank		Name of Contact	
Branch		Address	
Account No.	Phone	Fax	

TRADE REFERENCES

FIRM NAME	CONTACT NAME	PHONE	FAX

FREIGHT INFORMATION

Description Of Freight	Frequency
Average Weight	Special Services Request

I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that the other sources of credit considered necessary in make the determination may also be used. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist in establishing a line of credit.

SIGNATURE

TITLE

DATE