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Credit Application

Please complete form and return by fax to 909.930.2628

Sales Representative

Company Information

Business Name: _____

Address: _____

Billing Address: _____

Type of Business: _____ Years Established: _____ Federal Tax ID #: _____

Fax: _____ Website: _____ E-Mail: _____

Type of Business (Check One)

Corporation Partnership Individual Customer Phone # _____

Accounts Payable Phone # _____

Owners / Officers

Name: _____ Title: _____ Phone: _____

Address: _____

Social Security #: _____ Date of Birth: _____ Driver Lic. #: _____

Financial

Bank Name: _____ Phone: _____

Branch Address: _____ Account #: _____

Have You Ever Filed Bankruptcy? Yes No

Reference:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Terms of Payment:

All accounts shall be pre-paid unless charge arrangements have been established beforehand with the credit department. Payment is in full for accounts having charge arrangements and are due within 30 days of billing date indicated on the invoice. Amount unpaid are assessed a finance charge of 1.5% per month.

The above information given for the purpose of obtaining credit is warranted to be true. I/We hereby authorize the firm to who this application is made to investigate the reference listed pertaining to my/our credit.

I/We agree that should it be necessary for the creditor to instigate and legal proceeding for the collection of any balance due under this account that the action shall be brought and tried in San Bernardino County, Ca. and that I/We agree to pay a reasonable attorney's fee to be fixed by the court herein and all costs of suit.

The undersigned hereby personally guarantees payment of all obligations incurred pursuant to this application.

Print Name Here: _____ Account #: _____

Credit Desired: _____ Signature: _____ Date: _____