



The Trucking Company With A Personal Touch

CUSTOMER CREDIT APPLICATION

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Tel #: _____ Fax#: _____ Fed ID#: _____
Accounts Payable Manager: _____

Requested credit limit _____

Trade References:
Company Name 1) _____
Address: _____
Phone/Fax#: _____ Contact Name: _____

Company Name 2) _____
Address: _____
Phone/Fax#: _____ Contact Name: _____

Company Name 3) _____
Address: _____
Phone/Fax#: _____ Contact Name: _____

Bank Information:
Bank Name(s) 1 _____ 2 _____
Telephone#: _____
Address: _____
Contact Name: _____
Acct#: _____
Acct Type: _____

All information received will be held strictly confidential

Shipments may be Cash In Advance (CIA) or freight collect until credit is established.

The U.S. Code of Federal Regulations Title 49 section 377.203 states "Unless specifically agreed in writing, payment of all invoices must be made within 15 days". Failure to make payment within the agreed credit period will result in the application of all penalties in CFR Title 49 section 377.203 and item 720-10 of the JPXS 100 Rules and Special Services Tariff.

I certify that all the information on this form is correct and fully understand your terms, and agree to proper payment consideration of extended credit. I authorize the above credit references, including the bank to release all pertinent credit information to JP Express Service, Inc. I hereby consent to and authorize the use of a consumer credit report and other business information reports that may be needed from time-to-time.

Signature Title Date