

APPLICATION FOR CREDIT

COMPANY DETAILS:

NAME: _____
ADDRESS: _____
CITY,STATE,ZIP: _____
TELEPHONE: _____
FAX: _____
EMAIL: _____
NUMBER OF YEARS IN BUSINESS: _____

ACCOUNTING DEPARTMENT DETAILS:

ACCOUNTS PAYABLE CONTACT: _____
PHONE: _____
FAX: _____
EMAIL ADDRESS FOR INVOICES
TO BE EMAILED TO _____

BANKING REFERENCES:

BANK NAME: _____ BRANCH: _____
ADDRESS: _____
PHONE: _____ FAX: _____
CONTACT: _____ TITLE: _____
ACCOUNT NO.: _____

TRUCKING REFERENCES. MUST BE 3 TRUCKING COMPANIES. DO NOT LIST THE FOLLOWING TRUCKING COMPANIES FOR THEY WILL NOT GIVE REFERENCES; TOWNE AIR FREIGHT, LAND AIR OR FORWARD AIR.

BUSINESS NAME: _____
ADDRESS: _____
PHONE: _____
FAX: _____
CONTACT: _____ TITLE: _____

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ADDRESS: _____
PHONE: _____
FAX: _____
CONTACT: _____ TITLE: _____

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ADDRESS: _____
PHONE: _____
FAX: _____
CONTACT: _____ TITLE: _____

TERMS & CONDITIONS:

The undersigned agrees to pay for all services according to terms of "Net 30 Days." No terms or conditions of terms different from the terms of "Net 30 Days" will become part of any sales agreement or other documentation, unless otherwise specified and approved by the Creditor. Payments may be applied against open charges at the discretion of the Creditor. The undersigned agrees that the Creditor may utilize outside credit reporting services to obtain information on the undersigned.

The person signing this application certifies that he/she is authorized to do so and that all of the information contained in this application and any attachments is true and correct to the best of their information, knowlegde and belief. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

DATE

SIGNATURE

TITLE

PRINTED NAME

Midwest Express Co. 1660 Wall Street - Suite 400 Mt. Prospect, IL. 60056
(847)827-3400 Fax (847)827-0022
www.midwestexpressco.com