



## APPLICATION FOR BUSINESS ACCOUNT

FOR OFFICE USE ONLY

ACCT# \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ BY \_\_\_\_\_ SALESREP \_\_\_\_\_  
PRC ZONE \_\_\_\_\_ RATE SHEET \_\_\_\_\_ BILL FREQ \_\_\_\_\_ CO# \_\_\_\_\_

### PLEASE COMPLETE THIS SECTION

#### PICK UP INFORMATION

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

#### BILLING INFORMATION

BILLING: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX \_\_\_\_\_  
ACCOUNTS PAYABLE CONTACT NAME: \_\_\_\_\_  
CURRENT MONTHLY VOLUMES\$ \_\_\_\_\_  
WHAT IS YOUR CURRENT DELIVERY SERVICE? \_\_\_\_\_  
DO YOU REQUIRE A BILLING REFERENCE? \_\_\_\_\_  
HOW DID YOU HEAR OF OUR SERVICES \_\_\_\_\_  
PLEASE DESCRIBE ANY SPECIAL BILLING REQUIREMENTS. \_\_\_\_\_

**TERMS:** Invoices are due and payable 15 days after invoice date. All invoices unpaid after 30 days will be assessed a past due charge equal to 1.5% of all past due amounts, with a minimum charge of \$5.00. Applicant agrees to be liable for all reasonable collection fees incurred in the recovery of funds due. All claims for overcharges and physical damage must be made within 60 days of shipment date. Company is not liable for incidental or consequential damages and has a maximum liability of \$25,000 per shipment unless other insurance is agreed to before shipment.

I AGREE TO THESE TERMS \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE \_\_\_\_\_

Your Company \_\_\_\_\_

FAX **201-896-8277** OR EMAIL TO **SALES@ULTIMATECOURIER.COM**