



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**