



**BEST YET EXPRESS**  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other EIN # _____	
Phone   Fax			
E-mail			
Registered company address City, State ZIP Code			

**BUSINESS AND CREDIT INFORMATION**

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone   Fax		Phone #	
Requested Credit Amount		Account number	
Accounts Payables E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

**BUSINESS/TRADE REFERENCES**

Company Name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Contact Name	
Company Name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Contact Name	
Company Name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Contact Name	

**AGREEMENT**

- All invoices are to be paid 15 days from the date of the invoice.
- Claims arising from invoices must be made within 24 Hours.
- By submitting this application, you authorize Best Yet Express, Inc, to make inquiries into the banking and business/trade references that you have supplied.
- A SIGNED AND COMPLETED W-9 FORM MUST BE ACCOMPANIED WITH THE CREDIT APPLICATION IN ORDER TO BEGIN PROCESSING.**

**SIGNATURES**

Signature		Signature	
Name and Title		Name and Title	
Date		Date	