



BEST YET EXPRESS

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Business Name		Date business commenced	
Contact Name and Title		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	Any Additional Comments:
Phone Fax			
E-mail			
Address, City, State ZIP Code			
Commodity:			
Number of shipments expected per week:			
		Tax Identification Number	

BUSINESS AND CREDIT INFORMATION

How long at current address?		Bank name:	
Accounts Payable Contact Name		Address, City, State ZIP Code	
Accounts Payable Email		Phone	
Phone		Account number	
Requested Credit Amount		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Contact Name		Fax	
Address, City, State & Zip Code		E-mail	
Type of account		Other	
Company name		Phone	
Contact Name		Fax	
Address, City, State & Zip Code		E-mail	
Type of account		Other	
Company name		Phone	
Contact Name		Fax	
Address, City, State & Zip Code		E-mail	
Type of account		Other	

AGREEMENT

1. All invoices are to be paid 15 days from the date of the invoice.
2. Claims arising from invoices must be made within 24 hours.
3. By submitting this application, you authorize Best Yet Express, Inc., to make inquiries into the banking and business/trade references that you have supplied.
4. Invoice will be sent by email only.
5. A signed and completed W-9 form must be accompanied with credit application in order to begin processing.

SIGNATURES

Signature		Name / Title		Date	
Signature		Name / Title		Date	