

Phoenix, AZ 85076 P: 480-921-1717 F: 480-921-3434

## CREDIT APPLICATION

Legal Name	Date of Application		
Company Name (DBA):	Federal ID#		
Street Address	City	State	_ Zip
Billing Address			
Telephone # FAX #	Company Web Address		
Type of Business	DUNS #	Years In Bi	usiness
Contact Person/Title	Contact Email		
Accounts Payable Contact	Telephone #		
Ownership Information: Type of Ownership: _	Corporation Partnershi	pLLC	Sole Proprietor
Owners Name:	Telephone #	SS# _	
Home Address	City	State	Zip
Owners Name:	Telephone #	SS# _	
Home Address	City	State	Zip
Bank Reference Information:			
Bank Name/Contact		Telephone # _	
Street	City	State	_ Zip
Account Number(s): Checking	Savings		
<b>Credit Reference Information:</b>			
Reference 1	Telephone #	FAX #	<u> </u>
Street	City	State	_ Zip
Reference 2	Telephone #	FAX #	<u> </u>
Street	City	State	_ Zip
Reference 3	Telephone #	FAX #	<u> </u>
Street	City	State	_ Zip
In consideration for extension of credit, debtor agrees to (1) Cred bring suit or employ a collection agency to aid in the recovery of all of its costs and attorneys fees. The signature below authorizes old at a rate of 1.5% per month (18% per annum) or to the greatest	any debt owed by the debtor, the creditor sh Apex Transportation dba Arizona Parcel Ex	hall be entitled to recove	er, in addition to the amount of debt due,
We hereby authorize the above listed Bank and Trade References extension of Credit based on this request.	to release information to Apex Transportat	tion, LLC, dba Arizona l	Parcel Express, for use in the evaluation an
Signature of Officer		Date	·
Print Officer Name and Title			