

TOP SPEED EXPRESS DELIVERY SERVICE

(480) 967-4744  Fax (480) 967-4044

www.topspeedexpress.com

COMMERCIAL CREDIT APPLICATION

What do you expect your monthly credit requirements to be \$ _____

Company Name: _____

Physical address: _____

Suite # _____ City _____ Zip code _____ State _____

Phone () _____ - _____ Fax () _____ - _____

Contact name _____ Email _____ @ _____

Type of business _____ Fed I.D # _____ - _____

Years in business _____ Company Entity _____

SEND INVOICES TO

Billing contact name: _____ Title _____

Billing address: _____ Phone () _____ - _____

Fax () _____ - _____ Email: _____ @ _____

E-mail Invoices: YES NO Online order entry: YES NO

I/We, authorize Top Speed Express Delivery Service to open an account for our company. By submitting this application, we are acknowledging and agreeing to the following. I/We agree to pay all invoices based on net 15. All overdue unpaid balances over 30 days will be charged a service handling fee of 1 ½ % per month (18% per year). Gasoline and administration surcharge will apply to all invoices. Account must be paid in full when due, if the account becomes delinquent, we may be placed on a credit hold. All items transported by Top Speed Express Delivery Service are bound by the Top Speed Express Delivery Service, Claims Limited Liability policy and terms and conditions provided on our website www.topspeedexpress.com. A copy of this policy can be mail via postal service upon request.

Authorized Printed Name _____ Title _____

Authorized Signature _____ Date: _____