

**UNITED EXPRESS SYSTEM, INC**

P.O. Box 1628, Aurora, IL 60507 (800) 826-2130

**APPLICATION FOR CREDIT**

Please fill out this form completely

Company Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City/State \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City/State \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ President: \_\_\_\_\_  
 Years in business: \_\_\_\_\_ Req. Copy of BOL? Y \_\_\_\_\_ N \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_ Ext# \_\_\_\_\_ Ref # Req.? Y \_\_\_\_\_ N \_\_\_\_\_

This application will also serve as an authorization to release information from your bank to United Express System, Inc. and any creditors who may need authorization from you. The customer. The information contained herein is confidential and is only supplied to the company for which you are applying for credit. This also authorizes companies to FAX back their reply to us.

**BANK INFORMATION;**

Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Bank Contact \_\_\_\_\_ Acct. # \_\_\_\_\_

**Please List 3 Trade References:**

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Account # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**TERMS AND CONDITIONS:**

The applicant(s) executing this application and agreement (Customer) hereby agree(s) that payment for all services is subject to the following terms and conditions:

1. Customer agrees that all amounts due for services provided by United Express System, Inc. are payable to P.O. Box 1628, Aurora, IL 60507.
2. Customer agrees that all amounts due are not payable in installments, but are payable NET 7 days upon receipt of invoice. Company reserves the right to demand payment of all outstanding and past-due freight charges as a pre-condition for releasing any shipment(s) at destination. This right includes the right to demand payment upon delivery of any shipment(s) at any time. Any invoices unpaid after 30 days will be considered past due and subject to a 3% per month finance charge. United Express System, Inc. reserves the right to increase or decrease credit limits or cancel credit totally.
3. In the event the account becomes delinquent and is turned over for collections, customer agrees to pay all reasonable attorney's and collectors' fees, plus all attendant collection / court costs.
4. Customer agrees to notify the company by certified mail of any changes of ownership of customer and further agrees to be liable for all losses incurred as a result of failure to comply with said notifications.
5. Customer authorizes the company and/or its credit agency(s) to investigate all credit history, bank references and any other information required to process this application as it deems necessary in the future.
6. Applicant's signature attests to financial responsibility. Ability and willingness to pay creditor's invoices in accordance with creditor's terms stated above and as may be adjusted from time to time in writing by creditor.
7. Shipment(s) accepted by United Express System, Inc. is insured against loss or damage up to a value of \$100.00. Any claim in excess of the said \$100.00 is hereby released and discharged. When the declared value exceeds the maximum value of \$100.00 per shipment additional insurance is available at the rate of \$0.50 per \$100.00 or fraction thereof. Request for additional coverage must be requested at the time order is placed.

Owner/Officer Signature (required) \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Return via fax to: (630) 692-1800 Attn: Jan Chase / Questions or information call 800-826-2130