



Atcheson's Express, LLC

1590 S Archibald Ave, Ontario, CA 91761

(714) 808-9199 • Fax (909) 390-1555 • www.atchesonexpress.com

Application for Credit

I/We herewith make applicaiton to ATCHESON'S EXPRESS, LLC for credit, or an increase or reconfirmation of our existing credit and account. The undersigned gives and grants ATCHESON'S EXPRESS, LLC, or their agent, permission to verify all information stated herein at anytime. I/We hereby agree that all credit granted shall be paid timely in accordance with ATCHESON'S EXPRESS, LLC normal terms. I/We do affirm that all inforation supplied is true and correct.

PLEASE ANSWER ALL QUESTIONS

Company Name: _____ Partnership: _____ Corporation: _____

If Corporation, State/Year Incorporated _____ Date Established: _____

Federal ID# _____ Type of Business: _____

Phone # _____ Fax# _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

How Long At This Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Does Company Own Real Property: No: _____ Yes: _____ Address: _____

Do You Pledge, Factor, or Borrow Accounts Receivable: No: _____ Yes: _____ From Whom: _____

Special Billing Instructions: _____

Amount of Credit Requested: _____ Normal Payment Cycle: _____

LIST ALL BANK ACCOUNTS AND INFORMATION

Name: _____ Acct#: _____ City: _____ State: _____

Type of Account: _____ Contact: _____ Phone# _____

Name: _____ Acct#: _____ City: _____ State: _____

Type of Account: _____ Contact: _____ Phone# _____

Signature to Authorize Release of Banking Information: **X** _____

Title: _____ Print Name: _____



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LIST ALL PRINCIPALS OF COMPANY WITH THEIR TITLES

Name: _____ Title _____

Home Address: _____ City: _____ State: ____ Zip: _____ Own: Rent:

Name: _____ Title _____

Home Address: _____ City: _____ State: ____ Zip: _____ Own: Rent:

Name: _____ Title _____

Home Address: _____ City: _____ State: ____ Zip: _____ Own: Rent:

COMPANY SUPPLIERS/REFERENCES

Name: _____ City: _____ State: ____ Zip: _____ Ph#: _____ Contact: _____

Name: _____ City: _____ State: ____ Zip: _____ Ph#: _____ Contact: _____

Name: _____ City: _____ State: ____ Zip: _____ Ph#: _____ Contact: _____

CREDIT AGREEMENT

In consideration of the credit to be extended to me/us under this agreement, I/We here with agree to pay all invoices within the agreed to terms of NET 30 DAYS; that in the event of default on any invoice ATCHESON'S EXPRESS, LLC shall have the right to declare all invoices due and payable at once; that in the event legal action is instituted to enforce collection, to pay reasonable attorney's fees and costs for such legal action. In the event of a dispute or litigation between the parties, it is here agreed that Jurisdiction and Venue shall be in Orange County, California. I/We authorize ATCHESON'S EXPRESS, LLC to run credit reports and/or confirm the information in this credit application. I/We further agree to the terms and conditions contained within the tariffs of ATCHESON'S EXPRESS, LLC and on the ATCHESON'S EXPRESS, LLC invoice. I further authorize my/our bank to release general information to ATCHESON'S EXPRESS, LLC if they so request. I further declare that I have the authority to apply for credit on behalf of the named entity. That upon payment in full of any invoices this agreement will remain in effect and will apply to any and all invoices thereafter.

Name of Business: _____ Date: _____

Signature: **X** _____ Print Name & Title: _____