



APPLICATION FOR CREDIT

NAME OF FIRM _____

ADDRESS: _____

TELEPHONE # () _____ - _____ FAX # () _____ - _____ E-MAIL _____

(DIRECTOR OF FINANCE) _____ IN BUSINESS _____
OWNER # OF YEARS

PERSON TO CONTACT FOR PAYMENT _____ PHONE # () _____ - _____

PERSON TO CONTACT FOR SHIPPING/RECEIVING _____ PHONE # () _____ - _____

TYPE OF BUSINESS _____ TYPE OF SERVICE REQUIRED: RUSH OVERNIGHT

BANK _____ ACCT # _____

BANK ADDRESS _____ Electronic Fund Transfer (EFT)*

**If required please supply the form*

BANK PHONE # () _____ - _____

ESTABLISHED CREDIT REFERENCES (3 SUPPLIERS)

FIRM AND ADDRESS	ACCT #	PHONE #
1. _____		
2. _____		
3. _____		

LAST COURIER COMPANY USED? _____

AVERAGE CREDIT NEEDED PER MONTH \$ _____

We understand that this credit application is conditional upon it's acceptance by Atripco Delivery Service which is authorized to verify our credit. We agree to be bound by the following terms of payment. Payments are due upon receipt of statement, and interest may be charged on overdue amounts at the rate of 2%.

SIGNATURE

TITLE

DATE

OFFICE USE ONLY

CREDIT REFERENCES

ACCOUNT # GIVEN _____ DATE COMMENCED _____

SIC CODE _____ ZONE: _____