



ASAP FREIGHT SYSTEMS
11252 EAST HARDY STREET
TELE: 832-615-3302

FAX: 713-676-6200

CREDIT APPLICATION

CREDIT LINE REQUESTED \$ _____

DATE: _____

LEGAL NAME OF INDIVIDUAL, CORPORATION, PARTNERSHIP, OR PROPRIETORSHIP

PHYSICAL ADDRESS
STREET CITY STATE ZIP CODE

BUSINESS PHONE: _____ HOW LONG IS BUSINESS IN EXISTENCE _____ YEARS

BILLING INFORMATION
PO BOX/OR ADDRESS WHERE YOU WISH THE FREIGHT INVOICES TO BE SENT

ACCOUNTING CONTACT
NAME PHONE FAX EMAIL

SPECIAL REQUIREMENTS
IS PO REQUIRED?

TYPE OF BUSINESS
PARTNERSHIP IF CORPORATION:
INDIVIDUAL PROPRIETORSHIP STATE INCORPORATED IN:
CORPORATION DATE INCORPORATED:

PRINCIPALS: NAME HOME ADDRESS HOME PHONE POSITION
A)
B)
C)

CREDIT REFERENCES:

1) BANK: NAME: ADDRESS: TELEPHONE: STATE: ZIP
2) SUPPLIER: NAME: ADDRESS: TELEPHONE: STATE: ZIP
3) SUPPLIER: NAME: ADDRESS: TELEPHONE: STATE: ZIP
4) SUPPLIER: NAME: ADDRESS: TELEPHONE: STATE: ZIP

TERMS-NET 10 DAYS FOR FREIGHT

PERSONAL GUARANTEE FOR CORPORATE ACCOUNTS

I/We certify that the above information is true and correct and I/we agree to pay this account in accordance with your credit terms. I/we understand that your credit terms are net 10 days. I/We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. I/we further agree to pay all fees and cost of collection including, without limitation, attorneys' fees and /or fees of a collection agency in the event of default, if the account is placed with an attorney or bonded collection agency. All past due invoices will be subject to 1-1/2% service charge per month or 18% per year.

In consideration for the credit extended to the above listed corporation, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness incurred by the corporation. I/We further acknowledge and agree that this is an unconditional guarantee of payment and not merely a guarantee of payment and not merely a guarantee of collection.

Signed: _____ Position: _____
Signed: _____ Position: _____

FOR OFFICE USE ONLY

Credit Approved By: _____ Credit Limit: _____
Customer # _____ Rate Sheet: _____