



CREDIT APPLICATION

Date: _____ **DUNS#:** _____

Legal Business Name: _____

Trade Name: _____

Billing Address: _____

City _____ State _____ Zip _____

Business Contact: _____ Email: _____

Telephone: (_____) _____ Fax: (_____) _____

Billing Address: _____

City _____ State _____ Zip _____

Billing Contact: _____ Email: _____

Telephone: (_____) _____ Fax: (_____) _____

Corporation: _____ Sole Proprietor: _____ Partnership: _____ Other: _____

Federal Tax Id Number: _____ Year Established: _____

Annual Revenue (may require financial statement): _____

Billing Reference Required: Yes/No _____ If Yes, Description: _____

Bank Reference:

The undersigned hereby authorizes the following credit reference to disclose all details necessary to enable NonstopDelivery to establish an open account.

Company Bank: _____ Account Number: _____

Billing Address: _____

City _____ State _____ Zip _____

Phone: (_____) _____ Contact: _____

Business References (must have approved credit for at least the minimum amount requested from NonstopDelivery):

Company #1: _____ Phone: () _____ Account #: _____

Billing Address: _____

City _____ State _____ Zip _____

Company #2: _____ Phone: () _____ Account #: _____

Billing Address: _____

City _____ State _____ Zip _____

Terms: Due Upon Receipt

In consideration for extension of credit, the debtor agrees to (1) The above trade name is adopted by the undersigned who is jointly and severally responsible for all goods and services ordered in this name. (2) I agree to notify you immediately in writing of any changes in ownership or partnership. (3) By ordering service from NonstopDelivery, Inc., you acknowledge that you will be liable for any expenses incurred by NonstopDelivery in collections of delinquent accounts including, but not limited to attorney's fees and collection agency fees. Balances over 30 days old are subject to 1.5% finance charge per month (18% annually) or the maximum allowed by state law. Further, this credit application serves as authorization to release information to NonstopDelivery, Inc.

Authorized by:

Signed _____

Name: _____

Title: _____

Date: _____

Approved by (internal use only):

Name: _____

Date: _____

Please Email to rbarbic@nonstopdelivery.com or fax to
(703) 964-9111