



JET EXPEDITED TRANSPORT, INC.

Credit Application for a Business Account

BUSINESS CONTACT INFORMATION

Title:		
Company name:		
Phone:	Fax:	E-mail:
Registered company address:		
City:	State:	ZIP Code:

BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	State:	ZIP Code:
How long at current address?		
Telephone:	Fax:	E-mail:
Bank name:		
Bank address:	Phone:	Fax:
City:	State:	Contact:
Type of account:	Checking:	Savings:
Date business commenced:		
Desired Credit:	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>
		TIN:

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Contact:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Contact:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Contact:
Type of account:		

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Dispute arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Jet Expedited Transport, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date:

Credit Limit Approved: