APPLICATION FOR CREDIT

COMPANY DETAIL		
NAME:		
ADDRESS:		
CITY,STATE,ZIP:		
TELEPHONE: FAX:		
EMAIL:		
NUMBER OF YEARS I	IN BUSINESS:	
ACCOUNTING DEP	PARTMENT DETAILS:	
ACCOUNTS PAYABLE	E CONTACT:	
PHONE:		
FAX:		
EMAIL ADDRESS FOR	R INVOICES	
TO BE EMAILED TO		
	-	
BANKING REFERE	NCES:	
BANK NAME:		BRANCH:
ADDRESS:		
PHONE:		FAX:
CONTACT:		TITLE:
ACCOUNT NO.:		
		ANIES. DO NOT LIST THE FOLLOWING TRUCKING FOWNE AIR FREIGHT, LAND AIR OR FORWARD AIR.
BUSINESS NAME:		
ADDRESS:		
PHONE:		
FAX:		
CONTACT:		TITLE:
BUSINESS NAME:		
ADDRESS:		
PHONE:		_
FAX:		
CONTACT:		TITLE:
BUSINESS NAME:		
ADDRESS: PHONE:		
FAX:		
CONTACT:		TITLE:
TERMS & CONDITION	IONS:	
The undersigned agrees t	to pay for all services according to terms of "Net 30 D	ays." No terms or conditions of terms different from the terms
of "Net 30 Days" will beco	ome part of any sales agreement or other documentat	ion, unless otherwise specified and approved by the Creditor.
		or. The undersigned agrees that the Creditor may utilize outside
· -	o obtain information on the undersigned.	
	• •	and that all of the information contained in this application and
=	_	and belief. We fully understand your credit terms and agree to
the proper payment in con	nsideration of extended credit.	
DATE		SIGNATURE
TITLE		PRINTED NAME

Midwest Express Co. 1111 E. Touhy Avenue - Suite 280 Des Plaines, IL. 60018 (847)827-3400 Fax (847)827-0022 <u>www.midwestexpressco.com</u>