



Express Truck Lines
LLC

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

| | | | |
|--|--|--|--|
| Name: First / Last | | Title | |
| Company name | | <input type="checkbox"/> Sole proprietorship | |
| Phone Fax | | <input type="checkbox"/> Partnership | |
| Payables E-mail | | <input type="checkbox"/> Corporation | |
| Registered company address City, State ZIP Code | | <input type="checkbox"/> Other | |

BUSINESS AND CREDIT INFORMATION

| | | | |
|--|--|--|---|
| Tax I.D Number | | Bank name | |
| If Division/Subsidiary, Name of Parent Company | | Primary Branch Address City, State ZIP Code | |
| In Business Since | | Phone | |
| Type of Business | | Account number | |
| | | Type of account | <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other |

BUSINESS/TRADE REFERENCES

| | | | |
|----------------------|--|--------|--|
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account | | Other | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account | | Other | |
| Company name | | Phone | |
| Address | | Fax | |
| City, State ZIP Code | | E-mail | |
| Type of account | | Other | |

AGREEMENT

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

SIGNATURES

| | | | |
|----------------|--|----------------|--|
| Signature | | Signature | |
| Name and Title | | Name and Title | |
| Date | | Date | |