

# Best Overnight Express

New Account / Credit Application

P.O. Box 90816

City of Industry, CA 91715

E-mail : [Monica@bestovernite.com](mailto:Monica@bestovernite.com) Phone: (626)256 0550 Ext. 408

Please print and forward to the mailing or e-mail address above, or fax to 626-256-1948

Name of Salesman : \_\_\_\_\_

## **Company information:**

Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Website/Email: \_\_\_\_\_

Type of Business: (please select one)      Corporation      Proprietorship      Partnership      LLC, LLP

President/Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Tax ID / SSN #: \_\_\_\_\_

MC #: \_\_\_\_\_ Surety Bond #: \_\_\_\_\_ Status: \_\_\_\_\_

Bond Holder Name and Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

## **Billing Address (if different from above):**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Receivable contact: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Requested Monthly credit: \$ \_\_\_\_\_

## **Billing Requirements:**

Statements      Invoices      Proof of delivery      Bill of Ladings      EDI

## **Bank Reference:**

Bank Name: \_\_\_\_\_ Banking Official: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Account: \_\_\_\_\_

City: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ FX#: \_\_\_\_\_

## **Carrier Reference (Two required):**

Carrier Name: \_\_\_\_\_ Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Phone#: \_\_\_\_\_

Fax #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Authorized Representative: (Print) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_