



EXPRESS SYSTEM INTERMODAL, INC.

CREDIT APPLICATION

FIRM'S LEGAL NAME: _____

DBA'S: _____

HOW LONG IN BUSINESS: _____

DUN & BRADSTREET NUMBER: _____

PHYSICAL ADDRESS (NO P.O. BOXES): _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX #: _____

EMAIL ADDRESS: _____

TYPE OF ENTITY:

() CORPORATION INCORPORATED IN STATE OF _____
DATE INCORPORATED _____

() PARTNERSHIP

() SOLE PROPRIETOR

(1) NAME OF PRINCIPAL: _____

ADDRESS: _____

TELEPHONE: _____ DUNS #: _____

(2) NAME OF PRINCIPAL: _____

ADDRESS: _____

TELEPHONE: _____ DUNS #: _____

NAME(S) OF CORPORATE OFFICER(S):

BANK REFERENCE

NAME: _____

ADDRESS: _____

TELEPHONE: _____ ACCOUNT #: _____

BANK OFFICER: _____

TRADE REFERENCES

1.) BUSINESS NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 CONTACT PERSON: _____ TELEPHONE: _____
 FAX #: _____

2.) BUSINESS NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 CONTACT PERSON: _____ TELEPHONE: _____
 FAX #: _____

3.) BUSINESS NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 CONTACT PERSON: _____ TELEPHONE: _____
 FAX #: _____

OUR CREDIT TERMS ARE TWENTY-ONE (21) CALENDAR DAYS FROM DATE SHOWN ON ESI'S INVOICE. **SHOULD THE CREDIT TERMS AND/OR CREDIT LIMIT BE EXCEEDED AT ANYTIME, ALL FURTHER TRANSACTIONS WILL BE ON A CASH BASIS UNLESS FIRST APPROVED BY OUR CREDIT DEPARTMENT.**

I HERBY CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT AND THAT I FULLY UNDERSTAND THE CREDIT TERMS SET FORTH ABOVE. I ALSO AGREE TO REIMBURSE EXPRESS SYSTEM INTERMODAL, INC. FOR ANY LEGAL AND/OR COLLECTION FEES AND EXPENSES REASONABLY INCURRED IN ORDER TO ENFORCE THIS AGREEMENT.

 SIGNATURE OF OFFICER

 NAME (PLEASE PRINT LEGIBLY)

DATE: _____

TITLE: _____

BANK CONFIRMATION FORM

DATE: _____

BANK NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____ FAX #: _____

ATTENTION: _____
ACCOUNT OFFICER

DEAR SIR/MADAM:

YOU ARE HERBY AUTHORIZED AND REQUESTED TO RELEASE CREDIT INFORMATION ON THE FOLLOWING ACCOUNT(S) TO EXPRESS SYSTEM INTERMODAL, INC. (ESI) FOR THEIR CONFIDENTIAL USE IN DETERMINING OUR CREDIT WORTHINESS.

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

SIGNATURE OF OFFICER

NAME (PLEASE PRINT LEGIBLY)

TITLE