



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