



A dba of Bill T. Farris & Assoc., Inc. FAX # 714-990-3340

REP \_\_\_\_\_

**CREDIT APPLICATION**

CREDIT AMOUNT \$ \_\_\_\_\_ (A pre-typed credit application is acceptable *only* with this signed form)

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Yrs Established: \_\_\_\_\_ D&B #: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(If different from above)

A/P Contact: \_\_\_\_\_ Company Email/Website: \_\_\_\_\_

Please Check One: Individual  Partnership  Corporation  Other  \_\_\_\_\_

(If other than Corporation, please provide personal identification i.e. SSN for Owner/Partners listed below)

Owner/(s): Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ SSN : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ SSN : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Bank References**

Bank Name	City/State/Zip	Acct #	Acct Type (Checking/Savings/LOC)	Contact	Phone / Fax #

**Carrier References**

Name	City/State/Zip	Account #	Phone # / Fax #	Contact Person

The information on this application is for the sole purpose of obtaining credit, and the Applicant acknowledges that Expressway Transportation will rely on it for granting credit. Applicant certifies that such information is true, correct and complete. Applicant authorizes Expressway Transportation to investigate Applicant's credit history including personal credit report on the Principals (if other than a Corporation) and furnish information on Applicant's payment performance to credit reporting agencies and other proper persons. Applicant accepts and agrees to the terms and conditions of this credit application, and all tariffs or rules that may apply, (See Credit Account Terms & Conditions). I acknowledge that my signature below authorizes that above named financial institutions/trade references to furnish credit information to Expressway Transportation. Fax or photocopies may be deemed to be the equivalent of original signature. **TERMS ARE NET 30 DAYS FROM DATE OF INVOICE.** Failure to pay invoice(s) by due date will result in loss of discount in addition to 1.5% interest added to any past due invoices. All collection costs including attorney fees will be added to invoice.

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_