



CREDIT APPLICATION

11693 MISSOURI BOTTOM ROAD, STE 500 • HAZELWOOD MO 63042 • PH 314-931-0452
EMAIL: BILLING@APLUS-STL.COM OR DISPATCH@APLUS-STL.COM • www.aplus-stl.com

COMPANY INFORMATION

Company Name: _____

DBA: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Company Website: _____

Phone: _____ Fax: _____

Billing Address: check here, if same as above

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Number of Yrs in Business: _____ Nature of Business: _____

Motor Carrier ID #: _____ Freight Forwarder #: _____ US Customs Bond #: _____

OFFICERS

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

Has any Owner(s) or Officer(s) of the Company ever filed bankruptcy under any company? If so, please list the company name, date, case number and state filed in:

BANK REFERENCE

Bank Name: _____ Account #: _____

Bank Contact: _____ Phone: _____

TRADE REFERENCES

Company Name: _____ Contact Name: _____

Email Address: _____ Phone: _____

Company Name: _____ Contact Name: _____

Email Address: _____ Phone: _____

ACCOUNTING DEPARTMENT INFORMATION

Accounts Payable Contact: _____ Phone: _____

Email Address: _____ Fax: _____

Email address for invoices to be sent: _____

CREDIT LINE REQUESTED \$ _____ 30 DAY PAYMENT TERMS

The undersigned agrees to pay for all services according to terms of Net 30 Days. No terms or conditions different from the terms of Net 30 Days will become part of any agreement unless otherwise specified and approved by A Plus Express. The person signing this application certifies that he/she is authorized to do so and that all the information contained in this application and any attachments is true and correct to the best of their knowledge and belief. The undersigned understands our credit terms and agrees to the proper payment in consideration of extended credit.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Please email completed application to billing@aplus-stl.com