

# ABERDEEN EXPRESS, INC.

## CREDIT APPLICATION

Applicant: \_\_\_\_\_

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

Send Invoice To: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Corporation: \_\_\_\_\_ Yes \_\_\_\_\_ No

Tax ID: \_\_\_\_\_ Type of Business: \_\_\_\_\_

DUNS: \_\_\_\_\_ Reseller: \_\_\_\_\_

Annual Sales: \_\_\_\_\_ Sole Proprietor Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

## BANKING REFERENCES

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Checking Account: \_\_\_\_\_ Contact Name: \_\_\_\_\_

## TRADE REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

Applicant authorizes Aberdeen Express, Inc. to contact any of the references given, including its bank(s) to verify its credit standing. Applicant agrees to pay any collection costs incurred to collect accounts due, including attorney's fees. The undersigned, as an inducement to grant credit warrants that the information submitted is true and correct.

**Authorized Signature/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_