



Legend Express Co.

Commercial Credit Application

COMPANY INFORMATION

Company Name _____

Telephone # _____ Fax# _____

Nature of Business _____

Business (Under Present Ownership) Since _____

Federal Identification Number _____

Mailing Address _____

Billing Address _____

Contact Person _____

Parent Company _____

Proprietorship _____ Partnership _____ Corporation _____

NAMES OF OWNER (S), PARTNERS, OFFICERS

Name _____ Title _____

Address _____ City _____ Zip _____

Name _____ Title _____

Address _____ City _____ Zip _____

Financial Statement Attached _____ YES _____ NO

For the use of Legend Express Co. only _____ Payment Terms _____ Days

Legend Express Co. Customer Code _____

Maximum Credit Allowance _____

Authorized By _____

Approval Date _____

COMMERCIAL CREDIT APPLICATION

CREDIT REFERENCES

TRADE

Name _____ Account # _____
Address _____
Telephone _____ Fax # _____
Contact _____
Name _____ Account # _____
Address _____
Telephone _____ Fax # _____
Contact _____

BANK

Name _____ Account # _____
Address _____
Telephone _____ Fax # _____
Contact _____

We grant permission to the aforementioned bank to provide Legend Express Co. the credit information necessary in order to establish a credit account. It is understood that any information given to Legend Express Co. will be confidential.

Authorizing Signature _____ Title _____