

ATC EXPRESS, INC.  
AAA EXPEDITED FREIGHT SYSTEMS, INC.  
ABC MESSENGER & TRANSPORT, INC.  
ATC EXPRESS FREIGHT BROKERS, INC.

**711-9 Koehler Avenue Ronkonkoma NY 11779 • Voice: 631-585-7000 • Fax:  
631-585-7011**

**CREDIT APPLICATION**

Please complete and sign this credit application in full to be considered for open account status. If the information supplied is incomplete or found to be incorrect, this may delay processing of the application and could affect prompt delivery of products or services.

\*I (We) submit the following information in applying for an open account:

BUSINESS NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

CHECK APPLICABLE SECTION: \_\_INDIVIDUAL \_\_PARTNERSHIP \_\_CORPORATION \_\_SUBSIDIARY

BANK NAME \_\_\_\_\_ CHECKING ACCOUNT # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SAVINGS ACCOUNT # \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE# \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_  
EXPIRATION \_\_\_\_\_  
CARDHOLDER \_\_\_\_\_  
ZIP CODE OF CARDHOLDER \_\_\_\_\_

**REFERENCES**

COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TEL# \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TEL# \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TEL# \_\_\_\_\_

It is agreed that if this or any account of the applicant is not paid according to its terms to the above listed companies the applicant will be additionally liable for collection fees, reasonable attorney fees, interest of the highest amount permitted by law, and costs and disbursements if collection procedures are required. In the event of a default, the above signed agrees to pay interest on the past due account of 1&1/2 % per month (18% annum) on the unpaid balance plus all costs incurred in collection, including, but limited to, attorney fees.

By submitting this application for credit, I authorize you to investigate my credit record.

### **Corporate Guarantee**

I certify that the above information is correct and agree to the above shown.

Date \_\_\_\_\_

Signature of Owner/Partner or Officer \_\_\_\_\_

Print Name/Title \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signature Other Than Above \_\_\_\_\_

Print Name/Title \_\_\_\_\_

### **Personal Guarantee**

It is agreed that if this or any account of the applicant is not paid according to its terms to the above listed companies the applicant will be additionally liable for collection fees, reasonable attorney fees, interest of the highest amount permitted by law, and costs and disbursements if collection procedures are required.

In the event that the applicant fails to pay said accounts together with interest at the highest rate permitted by law and costs and disbursements of collections as well as reasonable attorney fees to recover the said sum of each and every account, I (We) do hereby personally guarantee the payment of any and all accounts of the applicant with respect to the purchase of goods and services to the above named companies.

In the event of a default, the above signed agrees to pay interest on the past due account of 1&1/2 % per month (18% annum) on the unpaid balance plus all costs incurred in collection, including, but limited to, attorney fees.

Date \_\_\_\_\_

Signature/Title \_\_\_\_\_

Print Name \_\_\_\_\_