

FROM AN ENVELOPE TO A TRUCKLOAD



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CUSTOMER INFORMATION

Billing Address
(street/PO Box, city, state, zip)

Pick-Up Address
(if different than billing address)

Company/Legal Name:

Phone Number:

Courier Contact: (name + title)

Fax Number:

AP Name: (payment contact)

AP Phone Number:

Business Classification: (circle one) Corporation: (date) Partnership: (date) Individual: (date) Other: (date)

Sales Tax Exempt? (circle one) Yes No **Credit Limit Desired: \$**

Account Names: (persons authorized to use account)

E-mail address:

Common Caller Names: (list three)

Bank References: (list two bank references, including names, addresses and phone numbers)

Trade References: (list three local trade references, including names, addresses and phone numbers)

Special Instructions: (you would like to automatically appear on your order, which will be communicated to the dispatcher and driver)

**** How Did You Hear About CitySprint? ****

Additional Information: (or questions that you may have)

Please check box if you are interested in ordering your delivery service online.

Signature

Print Name

Title/Date

AGREEMENTS 1. The applicant (legal entity named above and its guarantors) agrees to pay all charges on this account within 30 days of invoice date. 2. The applicant agrees to pay a service charge of 1.5% a month on all bills which unpaid for a period of thirty days or more. 3. The applicant agrees to pay any and all cost of collection, including reasonable attorney fees. 4. The applicant warrants all information on this application to be true and authorizes Time Courier, Inc CitySprint, its agents, and assigns to investigate the above references and any other data pertaining to the applicant's credit and financial responsibility.

CitySprint limits of liability for all services are no more than \$100 per shipment.

tel: 214.871.2300 / fax: 214.871.0099

www.citysprint-dfw.com