

T.S Express Inc.

PO Box 92126 -Elk Grove Village, IL 60009

Phone: 847-357-1500 Fax: 847-357-1511

Credit Application

Company Name: _____

Address: _____

Phone: _____ Fax: _____

President: _____ Controller: _____

Operations Email Address _____

Accounts Payable Contact _____ AP Email Address _____

Billing Address: _____

Credit References

Bank: _____ Phone: _____

Address: _____

Type of Account: _____ Account #: _____

Trade References

Company, Name, Address, Phone Number, Fax Number

1. _____

2. _____

3. _____

Terms: By signing this application, the above company agrees to the terms and conditions of T.S. Express, Inc. Which is 15 days from the date of invoice.

Authorized Signature _____

Printed Name _____ Title _____

Date _____