

# Mexpress

TRANSPORTATION, INC

## CREDIT APPLICATION

### Name / Address

Last:		First:		Title:	
Name of Business:				Tax ID Number:	
Address:					
City:		State:	Zip Code:	Phone Number:	

### Company Information

Type of Business:			In Business Since:		
Legal Form Under Which Business Operates (circle one):					
Corporation		Partnership		Proprietorship	
If Division/Subsidiary, Name of Parent Company:				In Business Since:	
Name & Title of Company Principal Responsible for Business Transactons:					
Address:					
City:		State:	Zip Code:	Phone Number:	

### Bank Reference

Institution Name:					
Address:					
City:		State:	Zip Code:	Phone Number:	
Account Number:			Contact and Extension:		

### Trade References

Mexpress Notes	Company Name:		Company Name:		Company Name:	
	Address:		Address:		Address:	
	Contact Name	Phone Number	Contact Name	Phone Number	Contact Name	Phone Number
	Account Open Since	Credit Limit	Account Open Since	Credit Limit	Account Open Since	Credit Limit
	Current Balance		Current Balance		Current Balance	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial contacts in this credit application to release necessary information to Mexpress Transportation in order to verify the information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date