



BUSINESS NAME

MC#458489

NAME			YEARS AT THIS ADDRESS	
ADDRESS			PHONE	
CITY	STATE	ZIP	FAX	
ACCOUNTS PAYABLE CONTACT			DUNS #	
PRIMARY BUSINESS		SINCE	FEDERAL ID#	
CREDIT LIMIT REQUEST PER MONTH \$				

OWNERSHIP

YEARS IN BUSINESS	CORPORATION	PARTNERSHIP	INDIVIDUAL
PRINCIPLE 1.	ADDRESS		
PRINCIPLE 2.	ADDRESS		

BANKING

BANK	ADDRESS	ACCOUNT NUMBER	TYPE
1.			
2.			

TRADE (List your 3 most recent Transportation References and 1 Non Transportation Reference)

BUSINESS NAME	ADDRESS	PHONE	CONTACT
1.			
2.			
3.			
4.			

CREDIT TERMS: Authorization To Release Information is hereby granted to our bank(s) to assist in establishing a line of credit. We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. Failure to pay within the credit terms allowed will result in the addition of interest on the unpaid balance at the rate 1.5% per month compounded interest plus the cost of collection including all attorneys fees.

All Payments Must Be Made To: **JIT Express, Inc, 11411 NW 107th Street Suite 4 • Miami, Florida 33178**

DATE

PRINT NAME

OFFICER'S SIGNATURE

OFFICER'S TITLE