JTS Express, Inc.

Credit Application

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 $			Email

Ownership

Years in Business _____ Corporation_____Partnership_____Individual_____		
Principal(s) 1.	Address	
2.	Address	

Banking

Bank	Address	Account Number	Type
1.			
2.			

Trade- List your 3 most recent Transportation References and 1 Non-Transportation

Business Name	Address	Phone Number	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 of the rate 1.5% per month compounded interest plus the cost of collection including all attorneys' fees.**
All payments must be made to: JTS EXPRESS, Inc.

_____ _____
Date Print Name

_____ _____
Officer's Signature Officer's Title

20505 Annalee Ave. Carson, CA 90746 Ph: (310) 537-8400