

**Application For Open Account**

Company Name:

Address: City: State: Zip:

Billing Address: City: State: Zip:

Phone # [ ] Fax# [ ]

Type of Business ( Sole Owner, Partnership, Corporation):

Years in Business: Date of Incorporation:

Taxpayer ID #: EIN #:

Billing Contact:

**Partners or Corporate Officers**

1. Name, Title, Phone:

2. Name, Title, Phone:

**Bank References**

1. Bank Name & Address:

Account #: Contact Name & Phone:

2. Bank Name & Address:

Account #: Contact Name & Phone:

**Credit References**

1.Contact:

Acct #: Phone #:

2.Contact:

Acct #: Phone #:

3.Contact:

Acct #: Phone #:

If credit is approved, please check how you would like to be billed: Weekly\_\_\_\_\_\_\_\_\_\_ Bi-Monthly\_\_\_\_\_\_\_\_\_\_

How would you like to receive invoices? Paper/Mail\_\_\_\_\_\_\_\_\_\_\_\_or Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Payment is due within 45 days of invoice date. Invoices not paid within 60 days may cause a credit hold to be applied to the account.*

Insurance: All deliveries are accepted on a no value declared basis. One Hour Messengers will accept liability in the amount of $100.00 of actual value in a case of loss or damage. Claims must be made in writing within seven days. Additional insurance may be purchased. One Hour Messengers must receive a signed request identifying commodity and amount of insurance requested, including proof of value prior to tendering shipment. Customer must receive insurance confirmation number and additional charge. Maximum insurance available is $50.000.00

*I certify that the above information is true and correct, I authorize one Hour Messengers to contact above referenced individuals in order to approve credit.*

**Signature and Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**