



CREDIT APPLICATION

Company Name _____ Parent Corp _____

Address _____ City _____ ST _____ Zip _____

Phone# (____) _____ Fax # (____) _____ Tollfree # (____) _____

Type of service: Overnight _____ Payroll deliveries _____ Routed scheduled service _____

Mailing Address for invoices, if different than above.

Address _____ City _____ ST _____ Zip _____

Owner(s), or Authorized Officers of the Company and Title:

1. _____

2. _____

Individual _____ Partnership _____ Corporation _____

Type of Business: _____

REFERENCES

Bank _____ Trade _____

Acct# _____ Contact _____

Phone (____) _____ Phone (____) _____

All invoices are due ten (10) days following receipt of invoice. In the event of default, if this account is turned over to an attorney for collection, the undersigned agrees to pay all attorney fees and/or collection fees, whether or not suit is filed.

Applicant's signature attest financial responsibility, ability, and willingness to pay our invoices in accordance with the above terms.

Company Name _____

Signed By _____

Name

Title

Date

The above information that is given is for the purpose of obtaining credit and warranted to be true. I/we hereby authorize Mid-Ga. Courier, Inc. to investigate references listed above pertaining to my/our credit financial responsibility.

FAX BACK TO: (770)991-6928 or mail to our Atlanta Office
1564 Norman Drive, College Park, GA 30249

