



## NEW ACCOUNT INFORMATION

Client		Telephone No.		Fax No.		Contact	
Address				City		State	Zip
Type of Business		Business Start Date	Years at Address	CEO/Owner/Partner/Proprietor			No. Employees
Type of Organization <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Ind. Prop. <input type="checkbox"/> LLC <input type="checkbox"/> Other			Reason for Associates		No. of Associates		Hours per Week
Party in Charge of Accts. Payable		PO Required? <input type="checkbox"/> Yes <input type="checkbox"/> No # _____		Terms are: Payments due 10 Days from Date of Invoice			
Person Accepting Our Terms		Title		Social Security Number/Tax ID Number			
Primary Bank Used		Telephone	Account No.		Account Representative		
Type of Account		Date Opened	Avg. Checking Balance \$	Hi Balance \$		Avg. Balance \$	D&B Rating
Loans Outstanding <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		Current. Loan Balance \$	Hi Balance \$	Avg. Balance \$	Payment History <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Bank Credit Rating		SIC Code	Comments: _____				
<b>CREDIT REFERENCES</b>				<b>For Express Services Use Only</b>			
Name of Supplier		Type of Business	Credit Limit \$	Date Acct. Opened	Account Avg. \$	Account High \$	
Address		Contact	Avg. Days to Pay	Terms	Rating <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Telephone No.		Fax No.	Comments: _____				
Name of Supplier		Type of Business	Credit Limit \$	Date Acct Opened	Account Avg. \$	Account High \$	
Address		Contact	Avg. Days to Pay	Terms	Rating <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Telephone No.		Fax No.	Comments: _____				
Name of Supplier		Type of Business	Credit Limit \$	Date Acct Opened	Account Avg. \$	Account High \$	
Address		Contact	Avg. Days to Pay	Terms	Rating <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Telephone No.		Fax No.	Comments: _____				

### TERMS AGREEMENT BUILT INTO CREDIT APPLICATION

The undersigned, in consideration of extending credit to aforesaid business, individually, jointly and severally as individuals unconditionally guarantee the payment of any and all future obligations of the said company which may be owing to Express Services, Inc. upon demand including reasonable attorney's fees and all costs and other expenses incurred by Express Services, Inc. in collecting an indebtedness of the aforesaid customer. Notice is waived. This is a continuing guarantee. Should a lawsuit be necessary to enforce the guarantee, venue is waived and suit may be brought in Oklahoma City, Oklahoma. A photocopy or facsimile copy of the account application and signature shall be valid as an original thereof.

All information given above is correct to the best of the undersigned's knowledge. It is agreed that: (1) charges for temporary help are labor related and due 10 days from the date of invoice; (2) creditor is authorized to investigate credit, banking and financial history and to disclose findings of that investigation as necessary.

Signature \_\_\_\_\_

Date \_\_\_\_\_