



RAPID DELIVERY SERVICE, INC.
HOUSTON
() New Account () Prospect

Firm Name: _____ Telephone: (____) _____

Address: _____ Fax number: (____) _____

City: _____ State: _____ Zip: _____ Website: _____

Billing Address : same as above _____

Do you wish to pay by Credit Card; If yes MC ____ VISA ____ Card # _____

Exp. Date _____ Name on Card _____ Auth. Signature: _____

Invoices Attn to: _____ Phone: (____) _____ E-Mail: _____

Contact Name: _____ Phone: (____) _____ E-Mail: _____

Bank Information: Name: _____ Acct No: _____ Branch: _____

Local References: Business Name: _____

Phone : _____ Account No: _____

Business Name: _____

Phone: _____ Account No: _____

Business Name: _____

Phone: _____ Account No: _____

I understand that the information furnished to you on this application for account is for the purpose of obtaining credit from your firm. I further understand that your firm may at any time refuse to grant credit to me even though credit is initially granted pursuant to the application. I am authorized in my capacity, to bind my firm for any and all credit which you advance to us. It is further understood and agreed that all accounts or monies due Rapid Delivery Service, Inc. shall be due and payable at its office in Houston, Texas and the terms for payment are net 30 days from invoice date. That all past due accounts, notes or judgements shall bear interest from the date indebtedness is first incurred until paid at the rate of 1.5% per month of unpaid balance. In addition, if the account or notes are placed in the hands of an attorney for collection, then the debtor and his guarantors, if any, shall be liable for reasonable attorney's fees and all reasonable costs incurred in the collection of said indebtedness. I further understand that each shipment will automatically carry a maximum declared value of \$50.00 unless a greater value is specified at the time the service is ordered and charges for such greater value are paid.

Signature: _____ **Date:** _____

E-Mail Address: _____

PLEASE FAX THIS APPLICATION TO: (713) 932-0554

OFFICE USE ONLY:

Salesman: _____ Rate Sheet: _____ Date: _____

Billing Sort Preference: By Date ____ By Auth. Code ____, If yes what Code Used: _____

POD: _____ If POD, Send by Fax: _____ Send by E-mail: _____

Customer No.: _____ Approved By: _____

Notes: _____