

Customer Account Application



GENERAL

Customer Name: _____
Company

Street/Shipping Address: _____
Street City/State Zip Code

Mailing/Billing Address: _____
Street City/State Zip Code

General Office Phone: _____ Fax: _____

Primary E-mail: _____ Secondary E-mail: _____

Courier Contact Person: _____ Phone: () _____

Accounting Contact Person: _____ Phone: () _____

Type of Business: _____ Year Established: _____

Does your company use Purchase Orders _____ If yes, whom we contact for new _____

REFERENCES

1. Company Name: _____ Phone: () _____

Address: _____
Street City/State Zip Code

Contact: _____ Fax: () _____

2. Company Name: _____ Phone: () _____

Address: _____
Street City/State Zip Code

Contact: _____ Fax: () _____

SURVEY

Courier service currently using (if any): _____ Volume: _____

How did you hear about Now Courier? Website TV Radio Yellow Pages Salesperson
 Other: _____

Please return completed application to:

Now Courier, Inc.

P O Box 6066
Indianapolis, Indiana 46206-6066

Phone: (317) 638-7071
Fax: (317) 638-7016 Attention: New Accounts
Email: cclay@nowcourier.com

Now Courier invoices weekly. Terms are net 10 days. Now Courier reserves the right to charge interest at the highest rate allowed by law on past due invoices. Customer is responsible for all legal fees, court costs and/or other expenses related to the collection of past due invoices.

Signature: _____ Title: _____ Date: _____

Printed Name: _____