



# COURIER CORP.

8501 N.W. 17th Street, Unit 102, Miami, Florida 33126

Dade: (305) 591-2262 • Broward: (954) 763-5135 • Palm Beach: (561) 655-3920 • Fax: (305) 594-2019

## CONFIDENTIAL CREDIT APPLICATION

THE FOLLOWING INFORMATION WILL ENABLE US TO BETTER SERVE YOU

<b>BUSINESS PROFILE</b>					
COMPANY NAME			CONTACT	REFERRED BY	
ADDRESS				E-MAIL	
CITY, STATE, ZIP CODE			How Long At This Address?	TELEPHONE NUMBER (    )	
O F F I C E R S	NAME	TITLE	VOLUME USAGE PER WEEK		CONTENTS/COMMODITIES
	NAME	TITLE	PACKAGE SIZE		APPROX WEIGHT
				ENVE <input type="checkbox"/> LARGE BOXES <input type="checkbox"/> OTHER <input type="checkbox"/>	UNDER 20 <input type="checkbox"/> 20-50 <input type="checkbox"/> 50-100 <input type="checkbox"/> OVER 100 <input type="checkbox"/>
	<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			TYPE OF BUSINESS	NUMBER OF YEARS IN BUSINESS

<b>BANK REFERENCES</b>		
NAME		
ADDRESS, CITY, STATE, ZIP CODE		
ACCOUNT OFFICER	TELEPHONE NUMBER (    )	ACCOUNT NUMBER

<b>LANDLORD AND/OR MORTGAGE HOLDER</b>	
NAME	TELEPHONE NUMBER (    )
ADDRESS, CITY, STATE, ZIP CODE	

<b>* TRADE REFERENCES</b>			
COMPANY NAME	CONTACT	TELEPHONE NUMBER (    )	FAX: (    )
ADDRESS, CITY, STATE, ZIP CODE			
COMPANY NAME	CONTACT	TELEPHONE NUMBER (    )	FAX: (    )
ADDRESS, CITY, STATE, ZIP CODE			
COMPANY NAME	CONTACT	TELEPHONE NUMBER (    )	FAX: (    )
ADDRESS, CITY, STATE, ZIP CODE			

This confidential Credit Application is given to induce Comet Courier Corp. to extend credit. In the event payment is not properly made and Comet turns this matter over for collection, Applicant hereby agrees to pay all service charges. If suit is commenced Applicant agrees to pay attorney's fees, at trial and appeal, and all court costs. Applicant further agrees that Comet Courier Corp. shall not be liable in any event for any special, incidental or consequential damages, including but not limited to loss of profits or loss of income, whether or not Comet Courier Corp. had knowledge that such damages might be incurred by Applicant.

**X** \_\_\_\_\_  
 Authorized Signature Title Date

\*Business concerns in the State of Florida with whom you have an open account.