



13424 Industrial Rd
Omaha, NE 68137-1103
Phone 402-592-8080
Fax 402-592-8643

Account Application

Basic Information:

Business Name: _____

Trade Name or D.B.A: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () - _____ Fax: () - _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Description of Business: _____

Type of Business: Corporation Partnership Sole Proprietorship Tax ID # _____

Anticipated Monthly Volume: _____ Amount of Credit Requested: _____

Do you use Purchase Orders: yes no

Email address to receive invoices: _____

Name of person responsible for Accounts Payable: _____

Has applicant or any principal ever filed a voluntary petition in bankruptcy? no yes; year _____

Has a tax lien been filed against applicant or any principal within the last six months? yes no

If "yes", what year? _____ Year Business Established: _____

Information on Officer(s)/Owner(s):

Name: _____

Title: _____ SSN: - -

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () - _____ Fax: () - _____

Name: _____

Title: _____ SSN: - -

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () - _____ Fax: () - _____

Signature of Authorized Officer: _____

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Bank Information:

Bank Name: _____ Account Officer: _____
Checking Account # _____ Savings Account # _____
Bank Address: _____
City: _____ State: _____ Zip: _____

Trade References:

Reference 1:

Company: _____
Contact: _____ Amount Owing: \$ _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () - _____ Fax: () - _____

Reference 2:

Company: _____
Contact: _____ Amount Owing: \$ _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () - _____ Fax: () - _____

Terms:

If credit is granted, (I/we) promise to pay bills when rendered. (I/we) understand that all invoices are due upon receipt. An invoice will be **E-mailed** for your convenience. There will be a finance charge of 1.5% compounded monthly on all past-due amounts. In the event payment is not made and (my/our) account is referred to a collection agency, (I/we) will pay all costs of collection. If legal action is required, (I/we) will pay reasonable attorney's fees resulting from such action. (I/we) authorize the above listed bank and trade references to release to Hotshot Deliveries Inc any credit or financial information Hotshot Deliveries Inc may request and further agree, if Hotshot Deliveries Inc grants credit, to comply with the above terms of credit. Any suit or action of a party shall be instituted in a court of competent jurisdiction in Douglas County, Nebraska.

Applicant in signing this application also authorizes the above listed banking and trade references be reposed to credit inquiries regarding the applicant's account.

Understood and Signed: _____ **Date:** _____

Print Name: _____

Title: _____

FOR INTERNAL HSD USE ONLY	
Customer ID	
Sales Rep	
Credit Amount	
Rate Chart	
Approved By	