



Universal Courier Ltd. Account Application

Administration (310) 410-4500
FAX (310) 410-9331

5839 Green Valley Circle, Suite 105 Culver City, CA 90230

www.universalcourier.com

Please complete the following application in full. We look forward to welcoming you as a client.

Date _____

Firm Name and Address

Billing Address (if different)

Name

Name

Street Address

Street Address

City, State and Zip

City, State and Zip

Telephone Number

Fax Number

Telephone Number

Fax Number

Type of company: _____ Website: _____

Person to contact in A/P: _____ Phone: _____ email: _____

Number of Employees: _____ Year Business Started: _____ Federal Tax ID Number: _____

Legal Ownership: Proprietorship: Partnership: Corporation: Other: Est. Monthly Volume: _____

Name and Address of Parent Company: _____

Principals: _____ Home Address _____ Phone # _____

Trade References:

1	_____	_____	_____	_____
	Company Name	Address	Account#	Phone#
2	_____	_____	_____	_____
	Company Name	Address	Account#	Phone#
3	_____	_____	_____	_____

Bank Reference:

Bank Name

Contact

Phone#

Checking Account#

The undersigned hereby gives permission for the release of information regarding the above-referenced account.

Credit Card# _____ **Exp. Date:** _____

I authorize Universal Courier to charge my credit card for all outstanding invoices 60 days past due.

Name _____ Date _____

Persons Authorized to Charge on This Account: (Attach Complete Listing if Necessary)

Delinquent payments are subject to a late charge and/or collection fees. Universal Courier's liability, unless otherwise noted, is limited to \$250.00. Additional insurance must be arranged with Universal Courier's office at the time of order. I understand that if my account is not current, all orders will be shipped C.O.D. until the account is brought current. I, the undersigned, agree to the terms set forth by Universal Courier and will comply with them.

Signed

Date