



4529 S 134<sup>th</sup> St  
Omaha, NE 68137  
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:** \_\_\_\_\_

# Account Application (Page 2)

## 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	