



MIDNITE EXPRESS, INC.

CREDIT APPLICATION

INFORMATION			DESCRIPTION OF BUSINESS		
NAME OF BUSINESS			# OF EMPLOYEES	CREDIT REQUESTED	TYPE OF BUSINESS
LEGAL (IF DIFFERENT)			IN BUSINESS SINCE		
ADDRESS			BUSINESS STRUCTURE (CIRCLE)		
CITY			CORPORATION	LLC	PARTNERSHIP
			DIVISION	PROPRIETORSHIP	
STATE	ZIP	PHONE	PARENT COMPANY		IN BUSINESS FOR

BILLING INFORMATION			ACCOUNTS PAYABLE CONTACT		
NAME OF BUSINESS			CONTACT	TITLE	EMAIL
ATTENTION			PHONE	FAX	D-U-N-S CODE
ADDRESS			<small>IN THE EVENT YOU USE THIRD PARTY PAYMENT SERVICES, YOU ARE PLACING YOUR COMPANY'S CREDIT REPUTATION IN THE HANDS OF OTHER PARTIES AND ULTIMATELY REMAIN RESPONSIBLE FOR TIMELY PAYMENT OF INVOICES REGARDLESS OF ANY AGREEMENTS YOU MAKE WITH THE THIRD PARTY. PAYMENT MUST BE MADE IN ACCORDANCE WITH THE TERMS OF THE TARIFF, CONTRACT AND/OR RULES TARIFF WHICH IS 21 DAYS. NON-PAYMENT OF INVOICES MAY BE CAUSE FOR SUSPENSION OF CREDIT AND OTHER PENALTIES.</small>		
CITY					
STATE	ZIP	PHONE			

REFERENCES	
NAME OF BANK	NAME TO CONTACT
BRANCH	ADDRESS
CHECKING ACCOUNT #	TELEPHONE NUMBER

TRADE REFERENCES			
VENDOR	CITY AND STATE	PHONE	FAX

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY		
<p>I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that the other sources of credit considered necessary in making the determination may also be used. Further, I hereby authorize the bank and trade reference listed in this credit application to release the information necessary to assist in establishing a line of credit.</p>		
X _____ <small>SIGNATURE</small>	_____ <small>TITLE</small>	_____ <small>DATE</small>