



# Best Overnight Express

P.O. Box 90816 City of Industry, CA 91715  
Phone: (626) 256-0550 Ext. 433 / Fax: (626) 256-1948

New Account / Credit Application  
Lori Naylor-ARSupervisor  
E-mail: [Lori@bestovernite.com](mailto:Lori@bestovernite.com)

Account Executive: \_\_\_\_\_

Sales Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Extension: \_\_\_\_\_

## Company Information:

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Business:  Corporation  Proprietorship  Partnership  LLC  
(select one)

Federal Tax ID# / SSN#: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Industry Type: \_\_\_\_\_ Annual Sales: \_\_\_\_\_ Credit Limit Requested: \_\_\_\_\_

Officers Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Authorized Signor on Bank Account:  Yes  No

## Billing Information:

Mailing Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip code)

Account Payable Contact: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

AP Payment Cycle:  Weekly  Bi-weekly  Monthly  Other \_\_\_\_\_

Billing Requirements:  Statements  Invoices  Proof of Delivery  EDI  E-mailed Billing

Payment Method:  Check by Mail  E-check  Credit Card  
If payment is made by credit card, which card type will be used  
 Visa  M/C  Discover  American Express

If payments are made by credit card, would you like to keep your credit card info on file:  Yes  No If yes please provide the following:

Credit Card#: \_\_\_\_\_ Expiration: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ E-mail for Receipt: \_\_\_\_\_

## Bank Reference:

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Branch Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Insurance Information: (if applicable)

*(Copy of surety bond must be included with application)*

Bond Holder and Address: \_\_\_\_\_

MC Number: \_\_\_\_\_ Surety Bond#: \_\_\_\_\_ Issue Date / Current Status: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Carrier References:

Carrier Name: \_\_\_\_\_ Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Phone / Fax Number: \_\_\_\_\_ Phone / Fax Number: \_\_\_\_\_

Provisions: The rules noted below are in conjunction to our BTVP 100 Rules Tariff, and Pricing Agreement set forth. If you agree to these terms and would like to continue with the credit application, please sign, date, and fax or email to my attention.

Full payments of charges are due within 15 days from date of pickup. Delinquent accounts will be subject to loss of discount and/or freight liens on future shipments without prior notification. Rate Quotes are given as Non-Binding Estimates and good for only 48 hours. Quotes are subject to change based upon origin, destination, classification, pieces, weight, services provided, and the Tariff provisions in effect! For shipments 12 linear feet or more will be subject to our linear foot rule and supersedes any rate or spot quote given prior to the handling or viewing of said shipment, stack or non-stackable. Web Quotes for 5 pallets or more, or occupy 10 feet of space, will not be honored; customer must call for quote. Excessive length fee applies to a load occupying 96 inches or more. Additional services provided in order to complete delivery, other than what is noted on the bill of lading will be accessed and billed to the account, known or unknown to the debtor. Request for authorization is not always possible and is done as a courtesy, not a requirement. Consignor/Consignee may not postpone payment of charges due to damage/loss claims. Each transaction is handled separately and on its own merits.

Name of authorized Representative: (Print) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_