

WWW.SUCSESSEXPRESSIONS.COM

SUCCESS EXPRESS, INC.
ACCOUNT APPLICATION

COMPANY NAME

DATE

BILLING ADDRESS

FLR:

CITY STATE

ZIP

CONTACT NAME

PHONE #

FAX #

EMAIL

TYPE OF BUSINESS

IN BUS. SINCE

BANK NAME ACCT #

TRADE REFERENCE PHONE #

IN OPENING AN ACCOUNT, PLEASE BE ADVISED THAT WE DO NOT TAKE RESPONSIBILITY FOR CASH, JEWELRY, OR NEGOTIABLE SECURITIES. ALL VALUED ITEMS MUST BE DECLARED FOR ACCEPTANCE AND ADDITIONAL FEE OF \$2.00 PER 100.00 VALUE FOR EXTRA INSURANCE. ALL PAYMENTS ARE NET 30 DAYS. A FINANCE CHARGE OF 1.25 % WILL BE APPLIED AFTER 30 DAYS. NO CREDITS WILL BE GIVEN FOR DELIVERIES AFTER 45 DAYS. Any account that does not pay in the aforementioned term of our services provided and the use of an attorney/collection agency services for collection, the account shall be liable for the amount of collection expenses, including all fees, not to exceed % 30.

*****all base rates will have additional .50 cents per delivery- for insurance*****

*****minimum finance charge is \$1.00*****

MAXIMUM LIABILITY FOR LOST OR DAMAGED PACKAGES IS LIMITED TO \$50.00.

AUTHORIZED SIGNATURE TITLE- (print full name)

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550 8th Ave, mezzanine, NEW YORK N.Y. 10018
PHONE (212) 633-6100 FAX (212) 633-6960
WWW.SUCSESSEXPRESSION.COM

CLIENT REQUESTS FOR INVOICING

- 1) **FREQUENT USER NAMES:** _____, _____, _____
- 2) **INCLUDE REFERENCE NAME OR NUMBER WITH EACH DELIVERY: YES/NO**
- 3) **ARE MESSENGERS ALLOWED ACCESS TO YOUR FLOOR?: YES/ NO.**
- 4) **F NO, PLEASE PROVIDE US WITH THE DESIGNATED PICK UP LOCATION.**
- 5) **PROVIDE US WITH THE NAME, TITLE, SOCIAL SECURITY # AND DEPARTMENT OF THE INDIVIDUAL TO CONTACT REGARDING SUCCESS EXPRESS, INC. INVOICING.**
 - a) **NAME :** _____
 - b) **TITLE:** _____
 - c) **FEDERAL ID#** _____
(OR INDIVIDUAL SOCIAL SECURITY #)
 - d) **DEPARTMENT:** _____

IF YOU HAVE ANY SPECIAL REQUESTS THAT HAVE NOT BEEN COVERED BY THESE QUESTIONS, PLEASE DO NOT HESITATE TO CALL OUR ACCOUNTING OFFICE. (212) 633-6100 EXT. 239

INTERNAL USE

ACCOUNT #

PRICE TABLE: