



Credit Application

Firm name: _____

Type of business: _____

Billing Address: _____

Shipping Address: _____

City State Zip

Name of contact: _____

Phone Fax E-mail

How long at present location: _____

Corporation Partnership Proprietorship Yrs. Est. _____

Tax ID # _____

Principals: Names of officers or owners:

Buyer's name: _____

Accounts Payable contact: _____

Phone E-mail

Current Vendors:

1. A/P contact _____

2. A/P contact _____

3. A/P contact _____

Bank: _____

Address: _____

Contact Phone

The above information is intended for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Express Ramps, LLC. to investigate the references listed above, pertaining to my/our credit and financial responsibility. Applicant's signatures attest financial responsibility and willingness to pay our invoices according to terms of invoice and to pay costs of collecting pas due amounts including, but not limited to collection fees, attorney fees and court costs.

Signature Title Date

Please fax completed application to 530-937-2886 or mail it the address below.