

Customer Account Application

Rev 3 Sep 2008



"Same-Day Express Delivery - One Envelope to Truckloads!"

Please complete, sign and return this application to Rapid Express.

Company Name and Employer Identification Number:

Company Name	<input type="text"/>
EIN #	<input type="text"/>

Company Address:

Street Address	<input type="text"/>
City, State, Zip Code	<input type="text"/>

Billing Preference: (Select one of the following)

<input type="checkbox"/> Mail	Street Address	<input type="text"/>
	City, State, Zip	<input type="text"/>
<input type="checkbox"/> Fax	Fax Number	<input type="text"/>
<input type="checkbox"/> Email	Email Address	<input type="text"/>

Contact Information:

Contact Name	<input type="text"/>
Title	<input type="text"/>
Phone Number	<input type="text"/>
Email	<input type="text"/>

Signature and Date:

Completion and submission of this form indicates a request for customer, as stated above, to open a credit account with Rapid Express Transport, LLC. Customer agrees to terms, conditions and fees as listed in attached letter and current price schedule.

Signature: _____ Date: _____

Address: Rapid Express Transport
PO Box 60888
Rochester, NY 14606

Phone: (585) 546-FAST
(585) 546-3278

Fax: (585) 340-6954

Email: billing@RapidEx.us

Internet: www.RapidEx.us

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