



# Account Application

(This is a fillable PDF Form)

*Our clients are our most important asset & our greatest responsibility!*

Date: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Company E-Mail Address: \_\_\_\_\_ (Used To Keep You Updated Only!)  
 Type of Business:    ( ) Corporation    ( ) Partnership    ( ) Proprietorship  
 Years in Business: \_\_\_\_\_ Owner Name(s): \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_

Promo Code:

*Amstar Express, Inc. Requires that a Valid Credit Card be on file.*

*Your signature Below Authorizes Amstar Express, Inc. to charge Credit Card if your account goes 60+ days past due.*

Credit Card Type (We accept AMEX/MC/Visa): \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp.: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Trade References (2 Please)

1. Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

### Terms and Conditions

Accounts are billed bi-weekly  
 Terms are net 15 days unless other arrangements are made and approved by AmStar Express, Inc.  
 Accounts 30 days past due may incur interest charge of 18%APR late charge-Min. \$5.00  
 Wait time charge is 40.00 per hour prorated. AmStar Express allows 5-mins. grace period at no charge  
 Deliveries canceled after courier arrives may be charged full rate - minimum stop fee \$12.50  
 Parking tolls may apply on some deliveries/Phone charges may apply if necessary to complete delivery  
 Returned checks will be charged a \$35.00 processing fee  
 A fuel surcharge of 5% to 10% is billed on every delivery. (Fee determined by market price)  
 Allow permission to use E-Mail address to inform you of service updates and/or changes. **(NO SPAM)**

*Our limit of liability is \$250.00 unless a declared value is stated at time of order and additional cargo insurance is purchased through AmStar Express.*

**By signing below, you are stating that you have read, understand and agree to these terms and conditions and certify that the aforementioned information is true and correct.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Representative Only!  
 Print Name \_\_\_\_\_ Title/Position \_\_\_\_\_