



Credit Risk Management P.O. Box 7914 Overland Park, KS 66207-0914 Fax 913-905-8869

CONFIDENTIAL CREDIT APPLICATION AND ACKNOWLEDGEMENT OF TERMS

1. Applicant's Legal Name _____ In Business Since _____
d/b/a _____ Fed. Tax No. _____
 2. Applicant's Address _____
Street City State/Prov Zip/Postal Code
 3. Phone _____ Fax _____ St. of incorp. or organization _____
 4. We do business as a Corporation Partnership Sole Proprietor Other _____ (describe)
 Limited Liability Corporation Limited Partnership
 5. If a business entity, please provide full names and home addresses of officers, partners, or owners if you want such information to be considered:

- The individual(s) whose information is provide above, who is either a partner or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, by his or her execution below consents to and authorizes the use of a consumer credit report of such individuals by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.
6. Type of current business _____ DUNS # _____
 7. The undersigned has filed or has not filed for or been the subject of a bankruptcy as a company or as an individual. Has filed Chapter 7 Chapter 11 Chapter 13 Date filed _____
 8. Credit availability requested (2 x expected monthly service) \$ _____
 9. All orders are subject to credit approval. The undersigned acknowledges that the extension and maintenance of credit to the undersigned is at the sole discretion of Carrier(s).
 10. The management of Carrier(s) may, at their discretion, establish a fee for any customer checks which are returned for non-sufficient funds or are dishonored for any reason.
 11. Mail freight bills to _____
Address _____
Street/P.O. box City State/Prov Zip/Postal Code
A/P Individual _____ Phone _____ Fax _____

12. **CURRENT FINANCIAL STATEMENTS, TRADE, AND BANK REFERENCES MAY BE REQUIRED WITH THIS APPLICATION OR AT A LATER TIME IF DEEMED NECESSARY BY CREDIT RISK TO MAKE A DECISION REGARDING CREDIT AVAILABILITY.**
13. **SECURITY INSTRUMENTS OR DEPOSITS MAY BE REQUIRED WITH THIS APPLICATION OR AT A LATER TIME IF DEEMED NECESSARY BY CREDIT RISK TO MAKE CREDIT AVAILABLE TO THE APPLICANT.**
14. The applicant acknowledge(s) the payment terms of Carrier(s) to be: **All accounts are due and payable 15 days from invoice date; and agrees to remit payment in accordance therewith.** In the event of a change in the Applicant's credit condition, Carrier(s) reserves the right to apply security to delinquent balances, and/or to require additional security as deemed appropriate. The undersigned further acknowledge(s) that the foregoing payment terms are subject to change without notice.
15. The applicant agrees that in order to induce Carrier(s) to extend credit, the proper venue and situs for any legal action brought by either party arising out of this Application shall be the District Court of Johnson County, Kansas or the U.S. District Court for the District of Kansas located in Wyandotte County, Kansas.
16. **ACKNOWLEDGEMENT OF RESPONSIBILITY: IN ORDER TO INDUCE CARRIER(S) TO PROVIDE CREDIT TO THE APPLICANT, AND IN CONSIDERATION OF SUCH CREDIT BEING EXTENDED, THE APPLICANT AGREES THAT IN THE EVENT CREDIT ISSUED PURSUANT TO THIS APPLICATION IS NOT RE-PAID IN ACCORDANCE WITH THE ABOVE-REFERENCED PAYMENT TERMS, THE APPLICANT AGREES TO REIMBURSE CARRIER(S) FOR ALL COSTS, EXPENSES, CHARGES, AND FEES EXPENDED BY CARRIER(S) IN EFFECTING COLLECTION, INCLUDING BY WAY OF ILLUSTRATION, COLLECTION AGENTS' FEES, ATTORNEYS' FEES, FILING FEES, ETC., TOGETHER WITH INTEREST THEREON AND ON THE AMOUNT DUE AT 18% PER ANNUM COMPOUNDED MONTHLY OR AT THE HIGHEST RATE OF INTEREST PERMITTED BY APPLICABLE LAW, WHICHEVER IS LESS.**
17. The applicant is applying for extension of credit. The above information, which the applicant warrants to be true and correct, is submitted as a basis for considering this Application. Carrier(s) is authorized to investigate relationships with trade suppliers or financial institutions for the purpose of establishing credit.
18. Submitted this date _____
19. _____
Print Signatory
20. _____
Signature of President / Officer / Partner / Owner

To expedite the processing of the credit application, please fax the completed forms to 913-905-8869