



BEAVER EXPRESS SERVICE, LLC

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WOODWARD, OKLAHOMA 73802-1147
www.beaverexpress.com

APPLICATION FOR CHARGE ACCOUNT

COMPANY INFORMATION:

NAME OF COMPANY: _____

DOING BUSINESS AS: _____

SHIPPING ADDRESS: _____

BILLING ADDRESS: _____

(CITY) (STATE) (ZIP)

FEDERAL ID NUMBER: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

ACCOUNTS PAYABLE MGR: _____

CREDIT REFERENCES:

NAME: _____

ADDRESS: _____

PHONE: _____

AGREEMENT:

1. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE, AND I AUTHORIZE THE REFERENCE LISTED ABOVE TO RELEASE CREDIT INFORMATION TO YOU.
2. I UNDERSTAND THAT CREDIT CAN BE DENIED IF PAYMENT IS NOT FORWARDED IN A TIMELY MANNER.

(SIGNATURE)

(JOB TITLE)

THE DEPARTMENT OF TRANSPORTATION REQUIRES PAYMENT WITHIN 15 DAYS

OUR REMITTANCE ADDRESS WILL BE ON YOUR BILLING STATEMENT. WE WILL SEND OUT STATEMENTS WEEKLY. A COPY OF EACH WAYBILL (INVOICE) WILL BE ENCLOSED WITH THE STATEMENT.

MY BEAVER EXPRESS ACCOUNT REPRESENTATIVE IS: _____

OFFICE USE ONLY:

ASSIGNED CUSTOMER NUMBER: _____

DATE SET UP: _____