

ACCOUNT APPLICATION

Billing information	Date	Company	
	Name	Address	
(Spire Express use only) Account Executive	Phone	City	State Zip
	Fax	Accounts Payable Contact	
_	Name of President, Treasurer, Owner or Partner	,	
Team	PLEASE CHECK ONE		
	Do you require a Purchase Order?	·	
Update New	Tax Exempt? (Please attach Certificate of Exemption) Please anticipate your monthly volume with us \$		
	Please anticipate your monthly volume with us	; Ş	
Bank References	Name of Bank	Account Number	
	Branch	Phone	
	Street Address		
	City	State	7in
		31410	
Trade/Vendor References	Name of Firm		
	Address	Phone	Fax
	Name of Firm		
	Address	Phone	Fax
	Name of Firm		
		Phone	-
	Address		siness credit from your firm. That I am (we are)
	authorized, in my (our) capacity, to bind my (our) firm accordingly. That all accounts or monies due you shall be due and payable at your place of business within 30 days of date of invoice. That all past due accounts, notes or judgements shall automatically draw interest at the rate of 1.5 percent		
	(18%) per annum.	aue accounts, notes or juagements shall auton	natically araw interest at the rate of 1.5 percent
	Signature	Title	Date
	Signature	Title	Date
	PERSONAL GUARANTEE: In consideration of credit being extended to the above named firm I personally guarantee all indebtedness hereunder. I further		
	agree that this guaranty is an absolute, complete and continuing one and no notice of the indebtedness or any extension of credit already or hereafter contracted by or extended need be given. The terms may be rearranged, extended and/or renewed without notice to me. That I will, within five days		
	from date of notice that the account is past due, pay the	- ,	moor nonce to the. That I will, willill live days
	Signature	Title	Date
	Applications may require 1 week to process and cannot be processed without a signature.		