

INCORPORATED

Please fill, sign and fax this Confidential Credit Application to Drivers Incorporated at 801.998.3931

Company Name: \_\_\_\_\_ Doing Business As: \_\_\_\_\_
Company Main Phone: \_\_\_\_\_ Company Email: \_\_\_\_\_ State: \_\_\_\_\_
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Billing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Nature of Business: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ D & B Rating: \_\_\_\_\_ Date Established: \_\_\_\_\_
Accounts Payable Contact: \_\_\_\_\_ Title & Email: \_\_\_\_\_
Business Type: \_\_\_\_\_ No. of Employees: \_\_\_\_\_ Annual Sales \_\_\_\_\_

Name(s) of Principal Officers

Principal Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_
Principal Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_
Principal Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bank Information

Name of Bank: \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_
Bank Officers Name: \_\_\_\_\_ Title: \_\_\_\_\_
Name of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Business References: (Provide three references)

- 1.) B. Name: \_\_\_\_\_ B. Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_
2.) B. Name: \_\_\_\_\_ B. Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_
3.) B. Name: \_\_\_\_\_ B. Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

1. DRIVERS INCORPORATED and any of its employees, officers, or agents, are authorized to obtain such information as any of them may require concerning Applicant's credit worthiness or the statements made on this document. Any person to whom this form is presented is authorized to disclose to DRIVERS INCORPORATED and any of its employees, officers, or agents, any information requested, and Applicant hereby waives any claim against, and fully releases from any and all liability, such persons by reason of any disclosure.
2. Applicant agrees to notify DRIVERS INCORPORATED in writing of any development which may adversely affect Applicant's financial condition, promptly after the occurrence thereof.
3. Customer agrees to pay all invoices Net 30 days. Invoices unpaid thirty one days after the invoice date shall be subject to a finance charge of 1.5% per month or part thereof. A confirmed credit card is required as a secondary means of payment.
4. In the event of default hereunder, Applicant agrees to binding arbitration under the rules and direction of the American Arbitration Association, and assumes liability for any court costs and attorney fees incurred. DRIVERS INCORPORATED is authorized to disclose to the proper person and bureau Applicant's performance of this agreement.
5. Customer hereby certifies that all information provided is true, and has full authority to provide such information. In return for such extension of credit, Customer hereby agrees to all of the foregoing terms and conditions, intending to be legally bound hereby.
Signed: \_\_\_\_\_ Title: \_\_\_\_\_
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_