



**Professional Express, Inc**  
**Account Application and Credit Agreement**  
 Phone:(913) 722-6060 Fax:(913) 831-6778

| GENERAL BUSINESS INFORMATION   |                                |
|--|--------------------------------|
| Company Name   |                                |
| Contact Person   | Phone#                         |
| Street Address   | Fax#                           |
| City/State/Zip   | E-mail                         |
| BILLING INFORMATION  |                                |
| Contact Name   | Phone#                         |
| Street Address   | Fax#                           |
| City/State/Zip   | E-mail                         |
| Would you like your invoices E-mailed <b>Yes</b> <b>No</b>   | E-mail if different than above |
| Does your company require a reference name,number,P.O. Etc. shown on the invoice?<br><b>Yes</b> (What kind of reference) <span style="float:right"><b>No</b></span>  |                                |
| OWNERSHIP INFORMATION  |                                |
| Corp.____ Partnership____ Sole Proprietorship____ Individual____   | Years in Business_____         |
| INTERNET ORDERING and TRACKING..... <i>Web Express</i>   |                                |
| Web Express is an easy to use Internet application; which our clients use to enter and track orders, print waybills and receive email notifications. This is a great tool to help you handle your daily responsibilities.<br><b>Note:</b> The person responsible for your account is usually your administrator.   |                                |
| Administrators Name  | Phone#                         |
| E-Mail address   |                                |
| Requested Web ID (Max. 10 Characters)  |                                |
| Requested Password (Max. 10 Characters)  |                                |
| AUTHORIZATION  |                                |
| The above information is submitted for the purpose of opening an account and I do hereby certify this information to be true and authorize billing with guarantee of payment. I also understand that Professional Express, Inc. will bill me on the 1st and 15th of each month, and I agree to pay in full the amount due within 15 days of the invoice date. I understand that Professional Express can add a 2% late fee to invoice amounts not paid within 20 days of the invoice date. |                                |
| Authorized Company Representative (print)  | Title                          |
| Signature  | Date                           |
| <b>Please fax this completed application to: Professional Express, Inc at (913) 831-6778</b>   |                                |