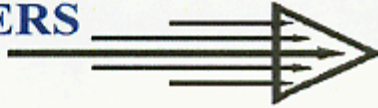


SILVER STATE COURIERS



Credit Application

Business Name _____ Business Phone _____ Fax _____
Address _____ City _____ State _____ ZIP _____

Owner's Name or Corp Officer _____ Tax ID _____
Address _____ Phone _____
Email Address _____

Partner's Name or Corp Officer _____
Address _____ Phone _____

Is your business a Sole Proprietorship, Partnership or Corporation? _____
Length of Time in Business? ____ Sales Tax No. _____ No. of Employees _____

Do you own or rent your place of business? _____
Landlord's Name and Address _____
Bank Reference Name & Address _____
Account Number _____
Bank Reference Name & Address _____
Account Number _____
Accounts Payable Contact _____ Phone Number _____
Executive Contact _____ Phone Number _____

TRADE REFERENCES

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I/We hereby authorize your investigation through above references, Credit Bureau or other investigative agency as to my/our credit and financial responsibility. I/We the undersigned declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge and information.

Print Name _____ Signature _____

Title _____ Date _____