



Credit Policy

By applying for credit, the customer acknowledges and accepts All State Express, Inc.'s terms.

Credit Application Procedures

1. Credit application must be filled out in its entirety and signed by an officer of the company that is applying for credit.
2. The credit application must include:
 - a. One bank reference
 - b. At least three (3) unsecured carrier references
3. Mail, fax, or email the completed application to:

All State Express, Inc.
Attn: Credit Department
121-I Shields Park Drive
Kernersville, NC 27284
FAX: 336.992.6876
Email: credit@allstateexpress.com

Credit Extension Procedures

1. All State Express' payment terms are NET 30 from invoice date to payment deposit date. Based on the review of each application, payment terms and collateral requirements may differ.
2. In addition to obtaining bank and carrier references, All State Express uses several different credit reporting agencies to assist in credit reviews.

Payment Instructions

All charges incurred on an approved All State Express credit account must be remitted in US Dollar amounts to:

All State Express, Inc.
121-I Shields Park Drive
Kernersville, NC 27284



All State Express, Inc.
 Attn: Credit Dept.
 121-I Shields Park Drive
 Kernersville, NC 27284
 FAX: 336.992.6876
 Email: credit@allstateexpress.com

Account Application

Sales Representative:		Date of Application:	
Business Contact Information			
Company Name:			
Phone:	Fax:	Email:	
Date Business Commenced:		Industry of Business:	
Type of Business:	Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/> LLC <input type="checkbox"/>
Accounts Payable Information			
Contact Name:			
Phone:	Fax:	Email:	
Business and Credit Information			
Primary Business Address:			
City:	ST:	ZIP Code:	
How Long at Current Address?		Website:	
Phone:	Fax:	Email:	
Federal ID:	D&B No:		
Other Credit Agency:		Other Agency No:	
Bank Name:		Contact:	
Bank Address:		Phone:	
Bank City:	ST:	ZIP Code:	
Type of Account(s):	Savings: <input type="checkbox"/>	Checking: <input type="checkbox"/>	Loan: <input type="checkbox"/>
	Acct. No:	Acct. No:	Acct. No:
Trade References			
Company Name:		Contact:	
Business Address:			
City:	ST:	ZIP Code:	
Phone:	Fax:	Email:	
Company Name:		Contact:	
Business Address:			
City:	ST:	ZIP Code:	
Phone:	Fax:	Email:	
Company Name:		Contact:	
Business Address:			
City:	ST:	ZIP Code:	
Phone:	Fax:	Email:	
Signatures			
<p>In consideration for extension of credit, debtor agrees to (1) Credit Terms of Net 30 days from invoice date, and (2) in the event it becomes necessary for creditor to either bring suit or employ a collection agency to aide in the recovery of any debt owed by the debtor, the creditor shall be entitled to recover, in addition to the amount of debt due, all of its costs and attorneys fees. The signature below authorizes All State Express, Inc. to charge interest on outstanding balances OVER 30 DAYS OLD at a rate of 10% per month or to the extent permitted by law.</p>			
<p>We hereby authorize the above listed bank and trade references to release any requested information to All State Express, Inc. for use in the evaluation of the request for credit extension.</p>			
Signature of Officer:		Title:	
Printed Name:		Date:	