



Same Day Express, Inc.

P.O Box 26333

San Diego, CA 92196-0333

Fax: 858-348-4109 <> Call Center: 858-547-7568 www.samedayex.com

ACCOUNT # _____

OFFICE USE ONLY

Free Account Application
Complete application and fax to 858-348-4109

Company Name: _____

Physical Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone #: _____ Ext: _____ Fax #: _____

E-mail: _____ Business Hours: _____ / _____

Billing Address (If different):

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Account Payable Contact (name): _____ Phone #: _____

Individuals authorized to charge account:

_____/_____/_____/_____

_____/_____/_____/_____

Type of Business: _____ Years in Business: _____

Sole Prop [] Partnership [] Corporation [] Other: _____

Social Security # or Federal Tax I.D. # _____

How did you hear about us? Web [] keyword _____ Yellow Pages [] Flyer [] Rep Name _____

Same Day Express liability for loss or damage, for any reason, to all shipments shall in no event exceed \$100. It is acknowledged by signature that all invoices are due thirty (30) days following date of invoice, unless stated differently on the invoice. If terms have not been met after sixty (60) days, the account is subject to cash only basis. In the event of defaulter litigation for lack of payment, the undersigned agrees to pay all collection fees, interest charge 3% per month (36% per annual) and / or attorney's fees, whether or not suit is filed. Applicant's signature represents financial responsibility, ability and willingness to pay our invoice in accordance with the above terms.

Please print name: _____ Date: _____

Signature: _____ Title _____

Would you like to use the Web for Placing or Tracking orders and viewing Invoices?

NO [] YES [] Web ID and Password will be sent to: E-mail: _____