



CUSTOMER ACCOUNT SETUP

For your convenience and more efficient service we welcome and encourage the establishment of an open account.

(Please fill out the information below and fax to 866-680-2333)
Call 954-915-8727 should you have any questions.

Company Name			
Address			
City, State, Zip			
Phone #		FAX	
Contact Person		Email	
Special Info	Do you require reference #'s for your deliveries: <input type="checkbox"/>		
Billing Information			
<input checked="" type="checkbox"/> X check if same as above			
Company Name			
Address			
City, State, Zip			
Phone #		Fax #	
Contact Person		Email:	
Preferred Payment Method			
<input type="checkbox"/> COD or COP	<input type="checkbox"/> Invoice every other week	<input type="checkbox"/> Automatically bill card on file	
In an effort to keep our service as affordable as possible, we would prefer to have a credit card on file, for clients wishing to be invoiced. Credit cards on file will only be billed if payment is not received within 30 days. For alternative invoicing options, please call 954-915-8727 ext 303.			

Enroll in paperless billing:

Please invoice _____ by email to: _____.
(Company Name or Acct #) (email address)

This method is more efficient and an **“environmentally friendly”** way to receive and review your bill securely via e-mail at no cost.

Yes, please send me emails about special offers and other information relating to Above Par (alternate email if different than above: _____)

By signing below, I acknowledge I have reviewed the terms and conditions of service at www.apcourier.com and understand and agree to the terms therein. I am authorized to make financial obligations for the company listed above.

Authorized Signature: _____ Date: _____

Office Use Only			
Account #		Online Authorization Code	
Account Executive		Business Type	



2700 W Atlantic Blvd. • Suite 106 • Pompano Beach, FL 33069
Phone: (954) 915-8727 • Toll Free: (866) 596-4315 • Fax: (866) 680-2333

I authorize Above Par Courier to charge the credit card below for services performed.

Please charge my credit card \$_____.

Keep my credit card on file. I understand and agree the card below will only be charged if an invoice remains unpaid for over 30 days.

Credit Card # _____

Name on Card: _____

Expiration Date: _____

CVV code: _____

Billing Address: _____

Signature of Cardholder: _____ Date: ____/____/____



Credit Application Addendum

In lieu of providing advanced credit card authorization for payments, and in order to serve you more efficiently and completely, we encourage the establishment of a line of credit for your open account. All information submitted will be held in strictest confidence and used solely for the purposes with our credit department. The extent to which this application is completed will assist us in determining the extent of your line of credit. *****ONLY COMPLETE IF YOU HAVE NOT FILLED OUT THE CREDIT CARD AUTHORIZATION FORM*****

Organization Information	
Company Name / Account #	# _____ <small>Assigned by APC</small>
Legal Status	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____ Established _____ Under Present Ownership since: _____
Type of Business	<input type="checkbox"/> Floral Wholesale <input type="checkbox"/> Floral Retail <input type="checkbox"/> Legal <input type="checkbox"/> Construction <input type="checkbox"/> Medical <input type="checkbox"/> Other Retail <input type="checkbox"/> Other: _____
Officer / Owners / Partners	

Name	Title	Telephone	Fax Number
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Residential Address	City	State	Zip Code
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Name	Title	Telephone	Fax Number
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Residential Address	City	State	Zip Code
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Name	Title	Telephone	Fax Number
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Residential Address	City	State	Zip Code
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Trade References		
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Name	Address	Telephone
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Name	Address	Telephone
------	---------	-----------

Name	Address	Telephone
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Credit Application Addendum (continued)



Bank References

Bank Name	Address	City	State	Zip Code
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other: _____				

Bank Name	Address	City	State
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other: _____			

Personal Guarantee

In consideration for any credit extended, I (or we) will individually and jointly guarantee full and prompt payment of any indebtedness by (Firm Name) _____ incurred for services performed by Above Par Courier Service, Inc. and or its subsidiaries, plus charges and collection costs where applicable. Such guarantee shall remain in force until its revocation is acknowledged in writing by Above Par Courier Service, Inc. Such revocation shall not affect indebtedness incurred prior to receipt of written notice.

Individual:

Name	Signature	Title	Social Security #	Date
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Individual:

Name	Signature	Title	Social Security #	Date
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Individual:

Name	Signature	Title	Social Security #	Date
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By signing below, I acknowledge I have READ, UNDERSTAND, AND ACCEPT the above terms, and have provided true information to the best of my knowledge. I agree to the terms of a net 30 and 1.5% per month interest rate to be charged on any balance of 30 days past dues, as listed the terms and conditions of service. I further authorize Above Par Courier Service, Inc. to verify any and all references that I have given that my be required to determine my credit capabilities or the credit capabilities of the business I legally represent, and to request relevant information from credit reporting agencies an and agree to the terms therein. I am authorized to make financial obligations for the company listed above.

Authorized Signature: _____

Date: _____

Name (Print): _____