



Account Application & Agreement

Account Number: _____

CONTACT INFORMATION

Company Name: _____ Tax ID#: _____ Office Hours: _____

Primary Contact: _____
Name Phone Ext. FAX E-mail

Physical Address: _____
Street Ste or Fl# City State Zip

Emergency Contact Number (for after hour emergencies): _____

ACCOUNT PREFERENCES

Please provide a list of authorized users below or on a separate page. We will establish Online Client Portal accounts for each individual you include.

Name Phone Ext. E-mail

Name Phone Ext. E-mail

Name Phone Ext. E-mail

If you have an e-mail address that you would like ALL Proof-of-Delivery notifications sent to, please provide it below:

BILLING INFORMATION

Billing Options: **Automatic Weekly Payment by Credit Card** – Each Monday, an invoice detailing the previous week’s services shall be generated and the credit card provided will be charged for the total amount of the invoice. We will then send you your credit card receipt with the original invoice by mail. Signature on file authorization required below.

Apply for Credit Terms – Every other Monday, an invoice detailing the previous two weeks’ services shall be generated and sent to you for payment within thirty (30) days. Requires approval from PCI.

If you accept invoices by e-mail, please provide the appropriate e-mail address: _____
(Invoices will be sent in Adobe PDF format and paper billing will be turned off)

A/P Contact: _____
Name Phone Ext. FAX E-mail

Billing Address: _____
Street Ste or Fl# City State Zip

If invoices are to be sent to a third party payment processor, please provide their name: _____

Do you require reference #s or names on your invoices?

If you require any in-house paperwork to be included with your invoice, please explain: _____

CREDIT CARD SIGNATURE ON FILE AUTHORIZATION

VISA, MC or AMEX#: _____ Exp: ____ / ____ Name on Card: _____

Card Billing Address: _____
Street or P.O. Box Ste# or Fl# City State Zip

I agree to all the terms listed below and I hereby authorize my signature to be on file with Professional Courier, Inc. for the purpose of charging services on my credit card. I authorize the credit card company designated above to accept this form in lieu of my signature appearing on the individual credit card receipt.

Credit Card Holder Signature

Printed Name

CREDIT EVALUATION INFORMATION

DUNS# (if available): _____ **Years in Business:** _____

| | | | |
|----------------------------|-----------------------|--------------|-------------|
| <i>Company Name</i> | <i>Contact Person</i> | <i>Phone</i> | <i>Ext.</i> |
| Trade Ref #1: _____ | _____ | _____ | _____ |
| Trade Ref #2: _____ | _____ | _____ | _____ |
| Banking Ref: _____ | _____ | _____ | _____ |

ACCOUNT AGREEMENT

This AGREEMENT is made and entered into this ____ day of _____, 20____, by and between Professional Courier, Inc., a corporation existing under the laws of the Commonwealth of Virginia (hereinafter referred to as "PCI") and _____, a company or individual organized or residing in _____ (hereinafter referred to as the "CLIENT").

CLIENT agrees to pay PCI for all rendered services that the parties mutually agree upon. Should CLIENT choose the "Apply for Credit Terms" billing option, CLIENT authorizes PCI to make such credit investigation as it sees fit, including contacting the above trade and banking references and obtaining credit reports. CLIENT authorizes all trade and banking references and credit reporting agencies to disclose any and all information concerning CLIENT's financial and credit history. Should PCI extend credit to CLIENT, charges for services rendered will be due and payable no later than thirty (30) days from the invoice date. PCI reserves the right to limit or revoke credit terms at any time. Should CLIENT choose the "Automatic Weekly Payment by Credit Card" billing option or if PCI denies or revokes credit terms, charges for services rendered shall be immediately due and payable by the credit card listed above. If payment from CLIENT is not received by the due date, PCI reserves the right to charge CLIENT a late fee at a rate of one and one half percent (1.5%) per month of the total invoice amount until invoice is fully paid. In the event PCI does not receive payment for services rendered, PCI reserves the right to charge the credit card listed above or employ outside legal and/or collection services to collect aforementioned payment. In the event this account is referred to a third party for collection, CLIENT agrees to pay all reasonable collection costs, including, but not limited to, attorney fees and court costs.

CLIENT agrees that services provided by PCI shall be governed by either (a) the most recently issued Service Guide applicable to the requested service, as published at www.professionalcourier.net, or (b) a separate agreement, in writing and signed by the CLIENT and an officer of PCI, which presents the terms and conditions of the service program provided.

The parties agree that this AGREEMENT shall be governed by the laws of the Commonwealth of Virginia and that the proper venue for any action brought under or related to this AGREEMENT shall be in a Virginia District Court or in the United States District Court for the Eastern District of Virginia. The parties agree that these courts shall have exclusive jurisdiction over these matters. CLIENT hereby waives any objection to the jurisdiction of said courts in any litigation arising hereunder on the basis that such court is an inconvenient forum or otherwise. The parties agree that if any provision of this AGREEMENT or portions thereof is held to be unenforceable by a court of competent jurisdiction, such adjudication shall not affect the validity or enforceability of any other provision or portion of this AGREEMENT. The parties agree that this AGREEMENT contains the entire understanding of the parties and that this AGREEMENT may not be modified except in writing, signed by the CLIENT and an officer of PCI. This AGREEMENT shall supersede any and all prior agreements between the CLIENT and PCI except those agreements, in writing and signed by the CLIENT and an officer of PCI, pertaining to a specific service program. This AGREEMENT shall commence on the date hereof and shall have an initial term of thirty (30) days. Upon the end of the initial term and all subsequent terms, this AGREEMENT shall automatically renew on a month to month basis subject to either party providing a thirty (30) day written notice to the contrary to the other party.

IN WITNESS HEREOF, the parties have caused this agreement to be executed by their duly authorized representatives as of the date set forth above.

Client Signature

Printed Name, Title

PCI Signature

Printed Name, Title