

Sunrise Express, Inc./C.N. Logistics Credit Application

Purchaser's Full Name: _____ D.O.B.: _____ #Dependents _____

Driver's Lic #: _____ State: _____ Exp Date: _____ SS#: _____

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

Home Phone: _____ How long at present address? _____ Years _____ Months _____ Rent _____ Own

Mortgagor or Landlord Name/Address/Phone #: _____

Spouse Name: _____ SS #: _____ D.O.B.: _____

IF A CORPORATION

Company Name: _____ Date Incorporated: _____ State: _____

Principal Owner: _____ SS #: _____ Tax ID #: _____

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

Business Phone: _____ Business Fax: _____

Nearest Relative Not at the Above Address:

Name: _____ Phone #: _____ Relationship: _____

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

Materials Hauled? _____ Radius: _____ Income: _____

Of Years in Trucking? _____ # of Trucks Owned? _____ # of Trailers Owned? _____

EMPLOYMENT (PAST 5 YEARS)

Current Employer: _____ Phone #: _____ Contact: _____

City: _____ State: _____ Zip: _____ How Long? _____ Years _____ Months

Past Employer: _____ Phone #: _____ Contact: _____

City: _____ State: _____ Zip: _____ How Long? _____ Years _____ Months

Any Repossessions? Yes _____ No _____ If Yes, When? _____ Bankruptcy? Yes _____ No _____

BANK REFERENCE & CONTACT PERSON

Account	Bank	Location	Account #	Contact Person	Phone #
---------	------	----------	-----------	----------------	---------

Checking	_____	_____	_____	_____	_____
----------	-------	-------	-------	-------	-------

Saving	_____	_____	_____	_____	_____
--------	-------	-------	-------	-------	-------

Loans	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------

PRIMARY CREDIT REFERENCES

This area must be completed! Installment Loans: Equipment, Trucks, Autos, Business Loans No Credit Cards Please.

Name	City	State	Account #	Contact Person	Phone #
------	------	-------	-----------	----------------	---------

_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------

_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------

For the purposes of procuring and maintaining credit, the undersigned submits the foregoing statement and information, including any supplemental sheets, as being a true and correct statement of my/our financial condition on the date stated. The undersigned agrees to notify us immediately in writing of any unfavorable change in financial condition. We hereby grant permission to all creditors to release our account information. This shall be a continuing authorization for all present and future disclosures to account information and credit experience. I(We) hereby agree to cooperate in consideration of this privilege by making settlement on or before the Tenth of the Month following purchase. Should payment not be made accordingly, it is understood the amount will be subject to being placed on a CASH BASIS. Accounts not paid by the Tenth of the Month following purchase shall be considered past due and charged interest at a rate of 16% per annum.

By: _____ Date: _____ By: _____ Date: _____

Please fill out the credit application and fax to 308-381-8447 or Mail to: Sunrise Express, Inc. - P.O. Box 1282 - Grand Island, NE 68802-1282