



ACCOUNT APPLICATION

Thank you for your interest in opening an account with Norco Delivery Services. After completing the following information, fax to (800) 808-6929. Applications require one to two business days to process and approve.

First Name: _____ Last Name: _____ Title: _____

E-mail: _____ Your Phone: (_____) _____

COMPANY INFORMATION

Company Name: _____

Address: _____ Suite: _____

City: _____ State: _____ ZIP Code: _____

Phone: (_____) _____ Fax: (_____) _____

Primary Shipping Contact: _____ How many people in your company process shipments? _____

Shipping Contact E-mail: _____ Shipping Contact Phone: (_____) _____

Carrier will occasionally send e-mail notifications about critical changes that may affect our service. Carrier will never sell your information to a third party. If you do not want to be included in these types of communications please check the opt out box. Opt Out

BILLING INFORMATION (If different from above. This information is required for each account.)

Billing Contact: _____

Billing Address: _____ Suite: _____

City: _____ State: _____ ZIP Code: _____

Accounting E-mail: _____ Phone: (_____) _____

- Please select the service(s) you would like an account established:
 Norco Overnight Norco Messenger Norco Courier Norco Mail
- What prompted you to open an account? (Please circle one.)
Advertising/Direct Mail - Saw Drop Box - Received Package - Referral - Previous Client - Sales Rep - Event _____
- Which shipping companies do you currently use? FedEx UPS Other: _____
- On average how many overnight shipments do you send throughout California, Arizona and Nevada each month:
 1-10 11-20 21-40 More than 40
- What is the nature of your business? _____ Do you have other branch offices in CA, AZ or NV? Yes No
- Are you applying to be an Authorized Shipping Reseller? Yes No
- Do you have a Special Offer or Marketing Code? Yes No If Yes, Code: _____

TERMS & CONDITIONS:

Please note that by establishing an account with Carrier, you are agreeing to the terms and conditions of our current service guide (viewable at norcodelivery.com). What follows are some important things you should know before you submit this application: Accounts are invoiced weekly and due and payable within 15 days of receipt (aka: Net 15). Carrier accepts payments via Check or Credit Card (Visa, MC, AMEX, Discover). Any account thirty days past due will incur interest and be responsible for any fees incurred to collect. Any account with an outstanding balance exceeding 60 days may be suspended. **All accounts are REQUIRED to have a credit card held on file and will be automatically debited if 1) requested by the client or; 2) the account ships less than \$150 per quarter or; 3) the account has an outstanding balance exceeding ninety days.** Accounts inactive for 3 months may be closed. It is the responsibility of the shipper to ensure that a shipment tendered to Carrier does not violate any federal, state, provincial, or local laws or regulations applicable to the shipment.

See attached Credit Card Authorization Form to complete the application.

I have read and agree to the terms and conditions of the Carrier _____

Authorized signature required to process application

Date



CREDIT CARD AUTHORIZATION / BILLING FORM

THIS FORM MUST BE FILLED OUT COMPLETELY

I wish to authorize the payment of services performed by Norco Delivery Services ("Carrier") using this Credit Card Authorization Form. I agree that I will pay for this service and indemnify and hold the Carrier harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. This authorization is valid until revoked.

CREDIT CARD TYPE: [] VISA [] MasterCard [] AMEX [] DISCOVER

Please print clearly

Account Number: _____

Company Name: _____

Credit Card Number: _____

Expiration Date: _____

VID# _____ (V/MC/DISC = 3 digit # on reverse, AMEX = 4 digit # on front)

Print Name of Cardholder: _____

Cardholder Signature: _____

Cardholder Billing Address: _____

City / State / Zip: _____

Cardholder's Phone Number: (_____) _____ FAX (_____) _____

Today's Date: _____

Email Address: _____

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

- [] RECURRING CHARGE (All invoices generated on this account will be debited to card)
[] BACK-UP CHARGE (Any account shipping less than \$150.00 per quarter or with a balance over 90 days)
[] ONE TIME CHARGE (List invoices & amount to charge below)

Invoice Number(s): _____

Amount to Charge: \$ _____

All accounts are REQUIRED to have a credit card held on file and will be automatically debited if 1) requested by the client; or 2) the account ships less that \$150 per quarter; or 3) the account has an outstanding balance exceeding ninety days. Accounts inactive for 3 months may be closed. It is the responsibility of the shipper to ensure that a shipment tendered to the Carrier does not violate any federal, state, provincial, or local laws or regulations applicable to the shipment.

FAX COMPLETED FORM TO (714) 520-8620 – ACCTS RECEIVABLE DEPT.