



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name		Accounts Payable Contact	
Phone Fax		Phone Fax	
E-mail		E-mail	
Registered company address		Billing Address	
City, State ZIP Code		City, State ZIP Code	

BUSINESS AND CREDIT INFORMATION

Date business commenced		Bank name	
How long at current address?		Primary business address	
Business Structure	<input type="checkbox"/> Sole proprietorship	City, State ZIP Code	
	<input type="checkbox"/> Partnership	Phone	
	<input type="checkbox"/> Corporation	Account number	
	<input type="checkbox"/> Other	Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Air, Land & Sea Express, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	