



Air & Surface Logistics

Account Application and Agreement

800-832-1207 • 714-832-1723 Fax
www.airandsurface.com

Please **PRINT** or **TYPE**. The entire application **MUST** be complete before it can be processed.

GENERAL BUSINESS INFORMATION				
Legal Name of Company:	<input type="checkbox"/> New Customer <input type="checkbox"/> Existing Customer (Acct#)			
Trade name/dba:	Estimated shipments per month:			
SHIPPING INFORMATION				
Contact Name:	Phone #:			
Street Address:	Fax #:			
City/State/ZIP:	Email:			
BILLING INFORMATION				
<input type="checkbox"/> Send an Invoice				
<input type="checkbox"/> Bill my credit card - <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	Card #:	Cardholder Name:		
	Expires:			
Contact Name:	Phone #			
Street Address:	Fax #			
City/State/ZIP:	Email:			
OWNERSHIP INFORMATION				
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Individual	If corporation, year & state:
BANKING/FINANCE INFORMATION				
Bank name:	Account #	Phone #		
Contact:	Federal Tax ID#			
City/State/ZIP:	Dun & Bradstreet #			
Have you, or a business controlled by you, ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
TRADE REFERENCES				
Name:	Acct#	Ph#	Contact:	
Name:	Acct#	Ph#	Contact:	
Name:	Acct#	Ph#	Contact:	
AMOUNT OF CREDIT REQUESTED				
\$	(required)			
AUTHORIZATION				
Authorized Company Representative (print name)			Title:	
Signature of Applicant:			Date:	
<p>In signing this application, I certify that all of the information on this form is correct and that I fully understand the credit terms and the Terms & Conditions of carriage as detailed on the Air & Surface Logistics Web site at www.airandsurface.com. I agree to keep our account current in consideration of the credit extended. I understand all invoices are due and payable upon receipt. My signature personally guarantees, in the event that this account is collected through a collection service, through litigation, by an attorney or under advice therefrom, that the applicant agrees to pay all costs, including late fees and attorney fees. In addition, my signature authorizes the release of all credit and account information from any reference or credit-reporting agency for the purposes of establishing a credit account.</p>				
<p>Please fax or email this completed application to: Attn: Accounting – 714-832-1723 (fax) or accounting@airandsurface.com.</p>				