

GULF COAST AIR FREIGHT

CUSTOMER CREDIT APPLICATION BUSINESS CONTACT INFORMATION

Title		Type of Business:	Date Business Commenced:
Company name		<input type="checkbox"/> Sole proprietorship	
Phone Fax		<input type="checkbox"/> Partnership	D&B Rating: _____
E-mail		<input type="checkbox"/> Corporation	D&B Number: _____
Registered company address		<input type="checkbox"/> Other	Federal ID #: _____
City, State ZIP Code			

BANK INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Account number:		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/ TRADE REFERENCES

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

AGREEMENT

- ALL INVOICES ARE DUE UPON RECEIPT. Accounts 30 days past invoice date are subject to a finance of 1.5% interest rate per month and future orders will be on a C.O.D. basis until the account is current. Any fees to collect past due invoices will be added to your account.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize GULF COAST AIR FREIGHT to make inquiries into the banking and business/trade references that you have supplied.

PRINCIPAL / OFFICER SIGNATURES REQUIRED

SIGNATURE		SIGNATURE	
NAME		NAME	
TITLE		TITLE	
DATE		DATE	