



CREDIT APPLICATION

Att. Carlos Sieveking

Instructions: Please fill out completely and fax to our credit department at 305-5926112

CUSTOMER INFORMATION

ACCOUNT No.

FIRM NAME _____	CONTACT _____
PHONE _____	FAX _____
ADDRESS _____	
CITY _____	STATE _____ ZIP _____

CORPORATION DATA:

FILE#: _____	YEAR: _____	STATE: _____
PRES: _____	V/P: _____	
SEC: _____	TREAS: _____	
TYPE OF BUSINESS: _____	NO. OF SHIPMENTS: _____	

BANK REFERENCES:

BANK: _____	PHONE: _____
ACCOUNT: _____	OFFICER: _____

CREDIT REFERENCES: (Include if possible 1 airline)

REF 1: _____	ACCOUNT: _____
PHONE: _____	FAX: _____
Ref 2: _____	Account: _____
PHONE: _____	FAX: _____
REF 3: _____	ACCOUNT: _____
PHONE: _____	FAX: _____

**We authorize ALL CARRIER, INC. to contact the companies listed above to verify our credit.
ALL CARRIER will keep this information in the strictest confidence.**

SIGNATURE _____	TITLE _____
NAME _____	DATE _____