



Express Air Freight Unlimited, Inc.
 147-20 184th Street
 Jamaica, NY 11413

TEL: (718) 995-2900
 FAX: (718) 995-0645
www.expressairfreight.com

Credit Application

COMPANY NAME: _____	CONTACT: _____
ADDRESS: _____	EMAIL: _____
_____	EMAIL: _____
PHONE: _____	FAX: _____

FULL NAME OF OWNERS, PARTNERS OR OFFICERS IF A CORP. (PRES., V.P., TREASURER, ETC)

NAME: _____	TITLE: _____
NAME: _____	TITLE: _____

STATE INCORPORATED: _____	EIN NUMBER: _____
YEAR INCORPORATED: _____	DUNS # _____
TYPE OF BUSINESS: _____	

BANK REFERENCES

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
CONTACT: _____	CONTACT: _____
PHONE# _____	PHONE# _____

TRADE / COMMERCIAL REFERENCES

NAME: _____	PHONE #: _____
ADDRESS: _____	FAX #: _____
_____	CONTACT: _____
NAME: _____	PHONE #: _____
ADDRESS: _____	FAX #: _____
_____	CONTACT: _____

We certify that the above information is correct. We understand that your credit terms are **Net thirty (30) days** from invoice date and that any **discrepancies must be submitted to us, Express Air Freight, Unltd. In writing within fifteen (15) days of invoice date.** We therefore agree to payment in consideration of the extended credit terms.

SIGN NAME: _____	TITLE: _____
PRINT NAME: _____	DATE: _____