Express Air Freight Unlimited, Inc.
145-43A 226th Street
Springfield Gardens, 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:** _____

Print Form