



## AV Logistics Credit Application

### Business Contact Information

Title:			
Company Name:			
Phone:		Fax:	E-mail:
Registered company address:			
City:		State:	ZIP:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

### Business and Credit Information

Primary business address:			
City:		State:	ZIP:
How long at current address?			
Telephone:		Fax:	E-mail:
Bank name:			
Bank address:			
City:		State:	ZIP:
Phone:			
Type of account		Account number:	
Savings			
Checking			
Other			

### Business and/or trade references

Company name:			
Address:			
City:		State:	ZIP:
Phone:		Fax:	E-mail:
Type of account:			
Company name:			
Address:			
City:		State:	ZIP:
Phone:		Fax:	E-mail:
Type of account:			
Company name:			
Address:			
City:		State:	ZIP:
Phone:		Fax:	E-mail:
Type of account:			

### Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made with 7 working days.
3. By submitting this application you authorize AV-Logistics to make inquiries to the banking, savings, business, and/or trade references you have supplied.
4. Please provide your billing requirement information to ensure timely payment.

### Signatures

Print: Title: Date:	Signature: Title: Date:
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Fax Back to: (904) 278-6188