

Associated Freight Brokers, Inc.
CUSTOMER CREDIT APPLICATION

Contact Donna Febus with any questions @ 800-548-0669 -----Please fax back to: 509-452-0672

BUSINESS CONTACT INFORMATION

Company Legal Name:

Trade Name D/B/A:

Phone:

Fax:

E-mail:

Billing address:

City:

State:

ZIP Code:

Date Established:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS FACTS, BANKING, AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

Principal:

Title:

Has the firm or any of its Principals ever been bankrupt?

If yes,

Explain:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Accounts Payable Contact:

Phone:

Fax:

Dispatch After Hours Contact:

Phone:

Email:

Weekend Dispatch Contact:

Phone:

Email:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for granting credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

SIGNATURES

Title:
Date:

Title:
Date: