



American Expediting Company
801 North Primos Avenue
Folcroft, PA 19032 (484) 540-8180

Please return via fax to:
(484) 540-8074

Customer Credit Application

Date _____ 201__

Please Type or Print

Legal Business Name and DBA		Type of Business (SIC Code)		Years in Business	
Billing Address			Phone:		Fax:
City		State	Zip Code		Requested Credit Line
Please Check One Individual / / Partnership / / Corporation / /			D&B Number		Tax I.D. No.:
Contact Person (Name & Position)		Phone Number		Fax Number	E-Mail
Full Name of Owner or Owners (or Authorized Officers (s) of Corporation)			Type of Service Requested (Please check applicable type(s) / /On Demand / /Trucking / /Scheduled / /Distribution / /Other _____		
Approximate Monthly Volume with American Exp.		Current Supplier of Services			
Name of Accounts Payable Contact	Phone Number	Fax Number	E-Mail	Purchase Orders Required? / /Yes / /No Reference #'s _____	
Electronic Invoice / / yes / / no		On Line Acct. Access / / yes / / no			
<u>Trade References: Preferably Transportation Providers</u>					
Name	Account Number	City, State, Zip Code		Phone Number (Do not leave blank)	
1					
2					
3					
<u>Bank Reference</u>					
Bank Name	City, State & Zip Code	Account Number (Required)	Phone Number (Please do not leave blank)		
Name of Individual at Bank Which we May Contact		Additional Information			
<u>Terms of Sale and Agreement</u>					
<p>By affixing my signature I warrant that the information provided is true and correct and that I am authorized to make purchases on behalf of the company listed above. I hereby authorize American Expediting Company to contact various credit bureaus and utilize the information provided to determine creditworthiness. If credit is granted customer understands all services are performed on a Net 30 day basis. Accounts remaining unpaid after 30 days will be subject to finance charge of 1-1/2% per month on unpaid balances and/or will be placed on credit hold. Customer accepts that accounts placed on credit hold may be subject to collection fees, legal fees and court costs. Customer agrees to reimburse company for all fees associated with collecting delinquent accounts.</p> <p>Insurance: All deliveries are accepted on a NO VALUE DECLARED BASIS. American Expediting will accept liability in the amount of \$100.00 of actual value in a case of loss or damage. Claims must be made in writing within seven days. Additional insurance may be purchased. American Expediting Company must receive a signed request identifying commodity and amount of insurance requested prior to tendering shipment. Customer must receive insurance confirmation number and pay additional charge. Maximum insurance available is \$50,000.</p>					
Signature:	Title:		Date:	Printed Name:	
American Expediting Company produces an electronic newsletter. Would you be interested in receiving updates and the newsletter? Please confirm email above.					
(For Internal Use Only)					
American Expediting Location					
Account Executive:		Corporate Credit Approval:		Date:	