

NORMAN'S

AIR FREIGHT SERVICE



CONTACT INFORMATION

Your Name Email
Title Phone

BUSINESS INFORMATION AS REGISTERED


Company
Phone
Address
City State Zip
Length of Time at Current Address:
 Years Months
Type of Business: Sole Proprietorship
 Partnership | LLC | Corporation | Other


BANK INFORMATION

Bank
Contact
Phone
Address
City State Zip
Type of Account Account Number
Savings
Checking
Other

BUSINESS REFERENCES

Please provide us at least three other companies your business has established credit with previously

 Company
Contact
Title
Phone
Email
Address
City State Zip
Comments

 Company
Contact
Title
Phone
Email
Address
City State Zip
Comments

NORMAN'S

AIR FREIGHT SERVICE



 Company

Contact

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Phone

Email

Address

City

State

Zip

Comments

 Company

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State

Zip

Comments

CREDIT AGREEMENT

- 1 All invoices must be paid within 30 days of the date issued
- 2 Any claims regarding an invoice issued must be made within 7 days of the date issued
- 3 You authorize inquiry into the banking and business references provided within this application

COMPANY REPRESENTATIVES

Signature

Name

Title

Date

Signature

Name

Title

Date

Notes & Comments