JOYCE EXPEDITING

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# ACCOUNT APPLICATION

**TYPE OF ACCOUNT:** ☐ Open Credit Bill my ☐ AMEX Card ☐ Mastercard/VISA Card

Credit Card No.: _____ Expires: _____ Name on Card: _____

Billing Address: _____
Street City State Zip

## YOUR COMPANY INFORMATION:

Company Name:

Business Type: ☐ Corporate ☐ Non Licensed in the state of: Years in Business:

Federal I.D.# (9 digits): Duns #:

Business Address:

City: State Zip

President/Owner:

Key Contact:

Phone: Ext: E-mail:

Payment Contact:

Phone: Ext.: E-mail:

## BANK REFERENCE:

Bank Name: Account No.:

Branch Address:

Contact Name: Phone No.:

## TRADE REFERENCES: (List 3)

| Company | Address | Contact Name: | Phone No |
|---|---|---|---|
| Company | Address | Contact Name: | Phone No |
| Company | Address | Contact Name: | Phone No |

*The above information is furnished for the purpose of opening an account. The authorized signature below is an agreement to the following terms and conditions: Payment is due within 15 days of invoice, subject to 1.5% per month service charge on delinquent accounts. Should Joyce Expediting decide collection efforts are required, the applicant agrees to pay any and all costs including attorney's fees and/or invoices and outstanding amounts owed Professional Air Cargo, Inc. d/b/a/ Joyce Expediting. The applicant certifies the above information to be true.*

Signature Title Date