



## NEW ACCOUNT/CREDIT APPLICATION

P.O. BOX 526764  
Miami, FL 33152

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Please print and forward to the mailing or e-mail address above, or fax to (305) 592-2054 Attn: Credit Dept.

### COMPANY INFORMATION:

Name: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

If Branch, Home Office Name and Address: \_\_\_\_\_ If Subsidiary, Parent Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Business (Please select one)  Corporation  Proprietorship  Partnership  
Nature of Business: \_\_\_\_\_ State/Province: (If corp, state of Incorp) \_\_\_\_\_  
Estimate Monthly Credit Requirements: \$ \_\_\_\_\_

### Invoicing Information:

#### Mailing Name and Address (If different than above):

Name: \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Billing Requirements: \_\_\_\_\_  
Billing Agent (If different than above): \_\_\_\_\_

### Principal Owners - Stockholders - Partners - Officers of Company:

Name	Mailing Address	City	State	Title



**Bank Reference:**

Bank Name: \_\_\_\_\_ Bank Official: \_\_\_\_\_  
Address: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Bank Account: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

**Commercial References:**

1. Name: _____	2. Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____	Zip Code: _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____
3. Name: _____	4. Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____	Zip Code: _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____

**Agreement:**

The above information is for the purpose of obtaining credit and is warranted to be true. I/we authorize Prime Air Cargo to at any time obtain credit reports from other persons or entities listed above.

\_\_\_\_\_  
Name of Authorized Representative: (Print) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_