



CREDIT APPLICATION

ACCOUNT INFORMATION				
CREDIT AMT REQUESTED		NAME OF YOUR AMERICAN FREIGHTWAYS AGENT REP		
NAME OF BUSINESS				TELEPHONE NUMBER
BILLING ADDRESS (REQ'D)	CITY	STATE	ZIP	FAX NUMBER
STREET ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP	EMPLOYER ID NUMBER
WHAT TYPE OF BUSINESS (SELECT) Corporation Partnership Proprietorship	YEAR ESTABLISHED:	MC NO:		
		D&B NO:		
CONTACTS				
PRESIDENT / OWNER		ACCOUNTS PAYABLE (NAME & PHONE)		
CFO / CONTROLLER		PURCHASING / OPERATIONS MANAGER		
INDUSTRY REFERENCES				
BROKERS: PLEASE PROVIDE INFORMATION ON RECENT CARRIERS				
NAME	ADDRESS	CITY	STATE	ZIP
CONTACT	PHONE	FAX	ACCT #	
NAME	ADDRESS	CITY	STATE	ZIP
CONTACT	PHONE	FAX	ACCT #	
NAME	ADDRESS	CITY	STATE	ZIP
CONTACT	PHONE	FAX	ACCT #	
BANK REFERENCES				
NAME	ADDRESS	CITY	STATE	ZIP
CONTACT	PHONE	FAX	ACCT #	

In consideration for extension of credit, debtor agrees to (1) Credit terms of NET 15 DAYS from invoice date, and (2) in the event it becomes necessary for creditor to either bring suit or employ a collection agency to aid in the recovery of any debt owed by the debtor, the creditor shall be entitled to recover, in addition to the amount of debt due, all of it's costs and attorneys fees.

_____	_____	_____
AUTHORIZED SIGNATURE	TITLE	DATE

PLEASE FAX THE COMPLETED APPLICATION TO: (858) 217-3305

(866) 326-5902
(858) 217-3300

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SAN DIEGO, CA 92127