



Application for Credit

Company Name:
Street Address:
City: State: Zip:
Main Telephone Number: Fax Number:

President/Owner:
Year Established:
Please Check: Sole Proprietorship Partnership Corporation
Federal Tax ID Number:

Contact:
Email Address:
Telephone Number: Fax Number:

BANK INFORMATION

Bank Account Number:
Bank Branch:
Contact Name:
Street Address:
City: State: Zip:
Main Telephone Number: Fax Number:

TRADE REFERENCES

- 1. Business Name: Contact
Street Address:
City: State: Zip:
Telephone Number: Fax Number:
2. Business Name: Contact
Street Address:
City: State: Zip:
3. Telephone Number: Fax Number:
Business Name: Contact
Street Address:
City: State: Zip:
Telephone Number: Fax Number:

HOW DID YOU HEAR ABOUT US?

\* Radio Website Referral Magazine Other (please state)

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