



DO NOT WRITE IN SECTION BELOW	
INVOICE CUSTOMER ID _____	_____
ADDRESS CUSTOMER ID _____	_____
FINANCE APPROVAL _____	_____
CREDIT LIMIT _____	_____

NEW ACCOUNT FORM

This new account form must be completed in full and signed by a principal owner, partner or officer of your corporation or company. Your complete answers to all questions will enable us to expedite performing services and establishing an account. Thank you for the time taken to complete this important information about you and your business.

BILL TO INFORMATION

SHIP TO INFORMATION

Trade Name

Address

City State Zip

Trade Name

Address

City State Zip

What type of freight do you ship: (please check all that apply) () Surface () Air () Ocean () Import () Export

Date we can expect 1st shipment: _____/_____/_____

ACCOUNTING INFORMATION

Accounts Payable Local Contact

Phone Number

Accounts Payable Corporate Contact

Phone Number

Accounts Payable Local E-mail address

Fax Number

Accounts Payable Corporate E-mail address

Fax Number

Pay Service Information: (if applicable)

Company Name

Phone Number

Contact

Fax Number

\$ _____
Amount of Credit Requested

****TAX AIRFREIGHT, INC.'S PAYMENT TERMS ARE NET 30 DAYS FROM THE DATE OF OUR INVOICE. YOUR SIGNATURE ON THE BOTTOM OF THIS FORM WILL CONFIRM THIS AGREEMENT.****

FINANCIAL INFORMATION

(1) Bank

Address City

Phone Number

Contact

State Zip

Account Type Account Number

(2) Bank

Address City

Phone Number

Contact

State Zip

Account Type Account Number

Have you or any of the other principals in your organization participated in either a corporate or personal bankruptcy in the past five (5) years? () Yes () No

If yes, please explain: _____

Are you a former customer? () Yes () No If Yes, dates from _____ to _____

Previous Account Name: _____ Location: _____

How did you come to hear about Tax Airfreight, Inc.? _____

How long at this location by this ownership? _____ If less than one year, please provide former address and/or previous business name _____

TRADE REFERENCES (Preferble other Trucking Companies), preferably in Tax-Air area.

(1) Name		Contact	
Address	City	State	Zip
Phone Number		Fax Number	

(2) Name		Contact	
Address	City	State	Zip
Phone Number		Fax Number	

(3) Name		Contact	
Address	City	State	Zip
Phone Number		Fax Number	

COMPLETE IF CORPORATION

Corporate Name	Subsidiary Of		
Address	City	State	Zip

PRESIDENT: _____

VICE PRESIDENT: _____

SECRETARY/TREASURER: _____

COMPLETE IF INDIVIDUAL OR PARTNERSHIP

#1 Principal (owner)	Home Address	City, State, Zip	Phone
#2 Principal (owner)	Home Address	City, State, Zip	Phone

I / WE, THE UNDERSIGNED, DO HEREBY AUTHORIZE ANY CREDITOR, CREDIT BUREAU AND/OR BANK OR FINANCIAL INSTITUTION TO RELEASE ANY AND ALL CREDIT OR ACCOUNT INFORMATION ON THE ABOVE NAMED, TO TAX AIRFREIGHT, INC. OR ITS AUTHORIZED REPRESENTATIVE.

COMPANY NAME

BY

TITLE

TAX AIRFREIGHT, INC.'S PAYMENT TERMS ARE NET 30 DAYS FROM THE DATE OF OUR INVOICE. YOUR SIGNATURE ON THIS FORM WILL CONFIRM THIS AGREEMENT.

***** SINCE TAX-AIR REQUIRES ITS INVOICES TO BE PAID WITHIN A 30 DAY PERIOD, WE RESERVE THE RIGHT TO CHARGE A \$5.00 LATE FEE ON ALL PAST AND FUTURE SHIPMENTS, PER FREIGHT BILL, THAT ARE OVER 45 DAYS OLD.**