

Prime America Logistics  
**CREDIT APPLICATION**

**BUSINESS CONTACT INFORMATION**

Contact name:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:		DUNS	MC#
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary billing address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank Contact:		Phone:	
Bank address:			
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

**BUSINESS/TRADE REFERENCES**

Company Name & Contact:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company Name & Contact:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company Name & Contact:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

**AGREEMENT**

1. All invoices are to be paid 15 days from the date of the invoice.
  2. All rules and conditions of the Tariff apply.
- By submitting this application, you authorize Prime America Logistics to make inquiries into the banking and business/trade references that you have supplied.

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

RETURN APPLICATION TO BANITAB@PRIMEAMERICA.BIZ OR VIA FAX TO 1-626-956-0784  
FOR QUESTIONS, PLEASE CONTACT BANITA BHAKT 1-800-424-7746 EXT 119