



**APPLICATION FOR
CREDIT ACCOUNT**

Trading Name		Registered Name <i>(If different)</i>	
Full Address		Registered Office Address	
Tel No.	Fax No.	Tel No.	Fax No.
Invoicing Address <i>(If different)</i>		Nature of Business	
		Accounts Payable Contact	
		Tel No.	Fax No.
Names of Executives	Title	Accounts Payable Email	
		Date of Formation / /	Date of Financial year End Day / Month
		Company Tax ID (EIN)	
		Anticipated Monthly Spend	
Bank Name		Account No.	Routing
Bank Address		Name of Account	
		How long have you held this Account	
I, being an authorised signatory to the above bank account, hereby give permission to our bankers to provide a credit reference to Cargo Link Express.		Signed:	

Trade Ref 1 Company Name		Trade Ref 2 Company Name	
Address		Address	
Contact Name	Tel. No.	Contact Name	Tel. No.
	Fax No.		Fax No.

Declaration

I/We hereby request to open an account with Cargo Link Express. I, being an authorised signatory agree that the information provided above is true and accurate. I agree that Cargo Link Express may obtain a credit report from any credit reporting agency in order to check our credit rating. I agree that payment of accounts will be received by Cargo Link Express within 30 days of invoice date.	
Name	Title
Signature	Date

Please fax completed form to +1 281 449 7756 or email to usa@cargolinkexpress.com