



PO Box 2874
BWI Airport, MD 21240
(410) 590-1234

Company name _____ Salesman # _____

DBA (if different) _____

Contact person _____

Address _____

Phone _____ Fax _____

Federal tax ID or Social Security number _____

Type of Business _____ Date established _____

Duns # _____ SIC Code _____

Billing Address if different _____

Are you a: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

Names, titles, and addresses of your three chief corporate officers

Website Address _____

***** You must provide phone & fax numbers below or this application WILL BE RETURNED *****

Reference #1 Name _____

Address _____

Phone _____ Fax _____

Reference #2 Name _____

Address _____

Phone _____ Fax _____

Reference #3 Name _____

Address _____

Phone _____ Fax _____

Bank#1 Account # _____ Phone _____

Contact person _____

Please complete page 2 for authorization

Name of bank _____

Address _____

I understand the terms and conditions agreed upon and declare the information provided to be true. We authorize the release of credit information to Air Freight Plus.

Authorized signature: _____

Printed name: _____

Please sign and fax completed form to (410) 768-9452.



PO Box 2874
BWI Airport, MD 21240
(410) 590-1234

Title: _____ Date: _____

Financial Information Release Form

Company Name: _____

City, State, Zip: _____

Account # _____

Dear Sir / Madam:

I authorize the release of my financial information to **Air Freight Plus, Inc.**

Signature: _____

Print Name: _____

Title: _____