



Client Profile

LEGAL BUSINESS NAME _____

BUSINESS TYPE _____ NATURE OF BUSINESS _____

FIRM INCORPORATED ___(Y/N) WHEN _____ WHERE _____

MAILING ADDRESS _____

CITY _____ PROV/STATE _____ POSTAL/ZIP _____

MAIN CONTACT: _____ TEL# _____ FAX# _____

ANNUAL REVENUE: \$ _____ CREDIT REQUESTED * \$USD * \$CAD _____

DUNS# _____

BILLING INFORMATION

NAME: _____ TEL# _____ EMAIL: _____

_____ BILLING PREFERENCE: * PAPER COPY * EMAIL * OTHER:

REFERENCE REQUIREMENTS ON INVOICE: * PO# * BOL# * OTHER: _____

OTHER SPECIAL INSTRUCTIONS FOR BILLING: _____

TRADE REFERENCES (At least 3 References: 2 of which must be transportation-related)

Company Name, City, Prov/State	Telephone #	Fax #	# Years

THE UNDERSIGNED AGREES ALL INVOICES WILL BE PAID WITHIN 30 DAYS OF INVOICE DATE. SIGNATURE OF OFFICER _____ DATE _____

I have the authority to bind the company.

PRINT NAME _____ POSITION _____

By signing this document, the above applicant authorizes **Accord Xpress** to contact references to obtain information as required to facilitate the extension of credit.

Contact us ☎1 559 628 1000 or email your Accord Xpress Account

Representative(pod@axlogistic.com).