



ACCOUNT APPLICATION

Phone 305 591 7713

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email back to: accounting@e-logistics.us

Sales Representative		Date:
Business Contact Information		
Company Name		
Phone	Fax	e-mail
Date business commenced	Industry business	
Type of Business	Sole Proprietorship/Partnership/Corp/LLC :	
Accounts Payable Information		
Contact name		
Phone	Fax	e-mail
Business and Credit Information		
Primary Business Address		
City	State	Zip Code
Years at current location	Website	
Telephone	Fax	email
FEID	Expected Monthly Shipping	
Bank Name	Contact	
Bank Address	Phone	
City	State	Zip Code
Type of Account	Savings	Checking
Account Number		
Business References		
Company Name	Contact	
Address		
Phone	Fax	e-mail
Company Name	Contact	
Address		
Phone	Fax	e-mail
Company Name	Contact	
Address		
Phone	Fax	e-mail
Signature of officer		Title
Printed Name		Date