



596 West 135th Street, Gardena, Ca. 90248

Tel: 800.586.9701 Fax: 323.319.1200

Sales Representative:

CUSTOMER CREDIT APPLICATION

CUSTOMER NAME: _____

TRADE NAME/DBA: _____

ADDRESS: _____

CITY, STATE: _____

PHONE: _____ FAX: _____

TAX ID# _____

Previous Address: _____ City, State _____

BANK REFERENCES

BANK NAME: _____

BANK ACCOUNT# _____

ADDRESS: _____ PHONE: _____

CITY, STATE: _____

BANK CONTACT: _____

TYPE OF BUSINESS () CORPORATION () PARTNERSHIP () INDIVIDUAL

YEARS IN BUSINESS: _____ NATURE OF BUSINESS: _____

TRADE REFERENCES

COMPANY	ADDRESS	PHONE	HOW LONG
_____	_____	_____	_____
_____	_____	_____	_____

CARRIER REFERENCES

_____	_____	_____
_____	_____	_____

The information provided is for the purpose of obtaining an account and/or establishing credit with Vision Express/Wrag-Time. "Credit terms, pending approval of this application, are net 15 days following the invoice date unless specifically set forth, otherwise in a superseding or supplemental document issued by the Carrier". By applying for credit with Vision Express/Wrag-Time, Customer acknowledges and agrees to all the rules, terms and conditions contained in the Vision Express/Wrag-Time Transportation Rules Tariff VSXP100. The Transportation Rules Tariff is available directly from your Account Executive or upon request to Vision Express/Wrag-Time.

AUTHORIZED SIGNATURE	PRINT NAME	TITLE	DATE
_____	_____	_____	_____



PLEASE FAX TO: 323-319-1200 OR MAIL TO ATTN: CREDIT DEPT