



**ACCOUNT APPLICATION**

Thank you for choosing **Frontline Carrier Systems USA, Inc.** for your transportation needs. The following is a credit application that we require to open your account. Please fill out the following and fax back to: (562) 236-1452.

COMPANY NAME \_\_\_\_\_ DATE ESTABLISHED \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

BILLING ADDRESS (if different from above) \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

DUNN & BRADSTREET # \_\_\_\_\_

FEDERAL TAX ID # \_\_\_\_\_

BUSINESS BANK \_\_\_\_\_ ACCT # \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ACCOUNT MANAGER \_\_\_\_\_

**REFERENCES (COMPANIES CURRENTLY EXTENDING YOU CREDIT):**

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT \_\_\_\_\_

The information provided is for the purpose of obtaining an account and/or establishing credit with Frontline Carrier USA. I certify that all information provided is correct. I understand Frontline's credit terms require payment within 15 days and agree to comply with those terms. By my signature I am authorizing the release of credit information from the references listed above. All terms and conditions of Frontline's Governing Rules Tariff (FCSY 101) are to apply to Frontline's extension of credit. I am also aware that copies of governing tariff publications are available directly from my Account Executive or by request to Frontline's Pricing Department.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE