



1555 Mittel Blvd, Suite F, Wood Dale IL 60191

Application for Credit Account

Trading Name		Registered Name (If different)		IATA:	
Address		Registered Office Address			
ZIP code		ZIP code			
Tel No.	Fax No.	Tel No.	Fax No.		

Invoicing Address (If different)		Contact Name (for invoicing)	
ZIP code		Job Title	
		Tel No.	Fax No.

Names of Executives	Job Title	Type of Organisation (eg Partnership, Limited Co. etc)	
		Date of Formation / /	Date of Financial year End Day / Month
Names of Ops/Export Contacts	Ops/Exports 'E' mail address	Company TAX No.(EIN)	CASS ID #
		Country of Registration	
Anticipated Monthly Spend \$		Are you registered for VAT (If Yes Please provide No.)	

Bank Name	Account No.	Sort Code
Bank Address	Name of Account	
ZIP code	How Long have you held this Account?	

Trade Ref 1 Company Name	Trade Ref 2 Company Name
Address	Address
ZIP code	ZIP code
Main trading activity?	Period as customer?
Contact Name	Fax. No.

Declaration

I/We hereby request you to open a credit account I, being an Authorised signatory of the business, agree that payment of accounts, will be received by Heavyweight Air Express within 30 days of receipt of invoice and acknowledge that our adherence to this obligation is of the essence in this contract between us.	
Full name of person authorising application	Signature
Job Title	Date of Application

Please Fax the completed form to the Accounts Dept for prompt attention. Fax (630) 595 3232

To help avoid delay in application process please be sure to fill out IATA# and provide fax numbers for trade references.

LK