



Company Name _____ Billing Address (If Different) _____
 DBA _____
 Street Address _____
 City/State/Zip _____
 Phone # _____ Phone # _____
 Fax # _____ Fax # _____
 Email Address _____ Services Requested: Trucking Forwarding Warehouse Other () _____

Federal Tax ID# _____ Year Established: _____ Credit limit requested: _____
 Type of Corporation _____ State of Corporation: _____ Partnership* _____ Sole Proprietorship* _____

If you are a Partnership or a Sole Proprietorship and your business is less than 2 years old, please list the name(s) of the Partners or Sole Proprietor and their Social Security Number(s) and date of birth and must sign **personal guaratee below.**

_____ SS# _____ DOB ____ - ____ - ____
 _____ SS# _____ DOB ____ - ____ - ____

Lender Information: (Please call your Lender and ask them to reply to our information request promptly)

Lender Name: _____ Line of Credit Account Number _____

Contact: _____ Phone: _____ Fax: _____

Bank Information: (Please call your Banker and ask them to reply to our information request promptly)

Bank Name: _____ Phone# _____ Fax # _____

Contact: _____

Account #: _____ Type of account: _____ (Do not list sweep accounts)

Account #: _____ Type of account: _____

It is understood and agreed that all invoices are due and payable 30 days from the date of the invoice. If any invoices become older than 30 days American West Worldwide Express, Inc. have the right to re-evaluate for further credit action, including placing the account on COD status. It is further understood that the customer will pay all reasonable collection costs, attorney fees and court costs if this account is placed for collections. All bills over 30 days are subject to a 5% late penalty and/or discount cancellation (in which case the gross amount is then due and payable). Jurisdiction: Any litigation arising out of or related to this credit application/agreement shall be located in Ontario County, CA. All shipments and services subject to the applicable tariff, service and bill of lading terms and conditions available at www.awest.com or by contacting the Company.

The undersigned hereby acknowledges to have read and agrees to the terms and conditions of this credit agreement, the above referenced terms and conditions, and also hereby states the information provided in this agreement is to the best of their knowledge true and correct. American West Worldwide Express, Inc. are authorized to make any investigation of my/our credit either directly or through a credit reporting agency.

 Authorized Signature / Title Date

***** PERSONAL GUARANTEE

I, the undersigned, am a principal of the above named entity and personally guarantee any liability arising out of that entity's execution of this credit application agreement. I authorize American West Worldwide Express, Inc. to make any investigation of my/our credit either directly or through a credit reporting agency.

 Authorized Signature / Title Date

NOTE: All applications must be signed in order to be considered, preprinted credit forms are acceptable with signature on this form and a reference to the preprinted form
 Revised 10/10/11

BANK REFERENCE REQUEST FORM

1200 Lakeside Pkwy #425, Flower Mound, TX 75028 – Fax 469-442-3848 - creditapp@awest.com



Date: _____

To: _____ Fax: _____

RE: _____

Acct: 1 _____

******Please Rush******

I, _____ as an officer of _____ am giving authorization to release the bank reference information below to the Credit Department at American West. I understand that the information requested will be held strictly confidential.

Signature/Title



Date Opened _____ Type(s) of Acct _____

Current Bank Balance _____ Avg Bank Balance _____

Current Loan Balance _____ Avg Loan Balance _____

Credit Line Limit _____

Account Handled Satisfactorily (Y/N) _____

NSF Checks (Y/N) _____

Signature _____ Title _____
Bank Representative

Please fax back to us at #469-442-3848