

Credit Application

Please print in ink, and please fill out this form completely.

Credit Applicant: _____
Full Name of Your Company ("Customer", "you" or "your")

Billing Address: _____ *Street Address/P.O. Box* Physical Address: _____ *Street Address*

_____ *City State Zip* _____ *City State Zip*

Telephone number: _____ Fax number: _____

President: _____ Controller: _____

Accounts Payable Contact: _____ AP Email Address: _____

Type of Business: Corporation Partnership Sole Proprietor Other (please specify)

Fed- ID #: _____ If legally organized, specify state and date of incorporation/formation: _____

Parent Company: _____ Branches: _____

The below authorized signor must be a signatory on the bank account.

Bank Name: _____ Phone#: _____

Bank Contact: _____ Fax#: _____

Checking Acct#: _____ Line of Credit Acct#: _____

PRIVACY ACT NOTICE

49 USC 114 authorizes the collection of this information. The information that you provide will be used to qualify you or verify your status as a possible "known shipper". Providing this information is voluntary, however, failure to provide the information will prevent you from qualifying as a "known shipper." This information will be disclosed to TSA personnel and contractors or other agents including IAC's in the maintenance and operation of the known shipper program. TSA may share this information with airport operators foreign air carriers, IACs, law enforcement agencies, and others in accordance with the Privacy Act, 5 USC Section 552a. For additional details, see system of records notice for Transportation Security Threat Assessment System (DHS/TSA 002) published in the Federal register

Authorized Signature _____ Title _____

Print Name _____ Date _____

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL