

1COMPANY / BUSINESS CONTACT INFORMATION

COMPANY NAME:

YEARS IN BUSINESS:

ADDRESS:

FED ID NUMBER:

CITY, STATE, ZIP:

D-U-N-S NUMBER:

PRIMARY CONTACT:

TITLE:

PHONE:

E-MAIL:

OWNER / PRESIDENT:

BUSINESS TYPE:

☐ Partnership

☐ LLC

☐ Sole Proprietorship

☐ Corporation

☐ Subsidiary / Division

CORPORATION STATE:

PARENT COMPANY:

2BILLING INFORMATION

BILLING / MAILING ADDRESS:

CITY, STATE, ZIP:

A/P CONTACT:

PHONE:

EXT:

E-MAIL:

BILLING REQUIREMENTS:

3BUSINESS AND CREDIT INFORMATION

BANK NAME:

ADDRESS:

CONTACT:

PHONE:

ACCOUNT NUMBER:

4TRADE REFERENCES

May include a corporate fact sheet if available.

COMPANY NAME:

PHONE:

ADDRESS:

CITY, STATE, ZIP:

CONTACT:

E-MAIL:

COMPANY NAME:

PHONE:

ADDRESS:

CITY, STATE, ZIP:

CONTACT:

E-MAIL:

COMPANY NAME:

PHONE:

ADDRESS:

CITY, STATE, ZIP:

CONTACT:

E-MAIL:

We prefer to contact references in writing. It will help immensely if you can provide email and/or fax for each reference.

Terms are net 30 days. Failure to pay billed charges may result in a lien on future shipments, including the cost of storage and appropriate security for the subsequent shipment held pursuant to California Civil Code 3051.5 and Hawaii Code 271-28.5. In case of litigation, the prevailing party may recover reasonable costs from the other party. Applicant's signature warrants that the above information is true and accurate. By submitting this application you authorize Polar Freight Forwarders to make inquiries into the banking and business/trade references you have supplied. Submission of this application is not a commitment to allow credit and for any specific time limit. Credit may be rescinded upon twelve months of inactivity.

5AUTHORIZATION

AUTHORIZED SIGNATURE / NAME:

TITLE:

DATE:

EMAIL COMPLETED APPLICATION

Save first. Review the email and PDF attachment before sending.
Button unavailable: email the saved PDF to credit@alohafreight.com.