



# Air-Sea Forwarders, Inc.

LOS ANGELES CORPORATE HEADQUARTERS

9009 La Cienega Blvd., Inglewood, CA 90301

Phone: (310) 216-1616 / Fax: (310) 216-2625



## NEW CUSTOMER PROFILE / CREDIT APPLICATION

Date: \_\_\_\_\_

ASF Sales Employee: \_\_\_\_\_

ASF Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Is Business Incorporated? \_\_\_\_\_  
 If Yes, State of Incorporation: \_\_\_\_\_  
 President: \_\_\_\_\_  
 Treasurer: \_\_\_\_\_  
 Secretary: \_\_\_\_\_

Business Type: \_\_\_\_\_  
 Primary Contact Name: \_\_\_\_\_  
 Primary CTC Phone Number: \_\_\_\_\_  
 Primary CTC Fax Number: \_\_\_\_\_  
 Primary CTC E-mail Address: \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_  
 IRS/EIN/SS: \_\_\_\_\_  
 Applying for Credit?: \_\_\_\_\_

We hereby agree to pay invoices within 15 days from the invoice date:

\_\_\_\_\_  
 Signature Title (**Must be a Corporate Officer/Owner**)

\_\_\_\_\_  
 Printed Name Date

### **If Applying for Credit, please complete the below section:**

Business Banking Account #: \_\_\_\_\_  
 Name/Branch: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

AP Contact: \_\_\_\_\_  
 AP CTC PH: \_\_\_\_\_  
 AP CTC FX: \_\_\_\_\_  
 AP CTC E-mail: \_\_\_\_\_

### **Trade References:**

- 1) Company Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_
- 2) Company Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_
- 3) Company Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_