



9841 E. Frontage Rd., South Gate, Ca. 90280

Tel: 800-586-9701

CUSTOMER CREDIT APPLICATION

CUSTOMER NAME: _____
TRADE NAME/DBA: _____
ADDRESS: _____
CITY, STATE: _____
PHONE: _____ FAX: _____ EMAIL: _____
TAX ID# _____ Accounts Payable Contact: _____

Previous Address: _____ City, State _____

BANK REFERENCES

BANK NAME: _____
BANK ACCOUNT# _____
ADDRESS: _____ PHONE: _____
CITY, STATE: _____
BANK CONTACT: _____

TYPE OF BUSINESS: CORPORATION () PARTNERSHIP () INDIVIDUAL ()

YEARS IN BUSINESS: _____ NATURE OF BUSINESS: _____

TRADE REFERENCES

COMPANY	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

CARRIER REFERENCES

_____	_____	_____
_____	_____	_____

The information provided is for the purpose of obtaining an account and/or establishing credit with Vision Express/Wrag-Time. "Credit terms, pending approval of this application, are net 15 days following the invoice date unless specifically set forth, otherwise in a superseding or supplemental document issued by the Carrier". By applying for credit with Vision Express/Wrag-Time, Customer acknowledges and agrees to all the rules, terms and conditions contained in the Vision Express/Wrag-Time Transportation Rules Tariff VSXP100. The Transportation Rules Tariff is available directly from your Account Executive or upon request to Vision Express/Wrag-Time.

AUTHORIZED SIGNATURE

PRINT NAME

TITLE

DATE



Please email to LAX-credit@vsxp.com

