



Account Application Form

Business Contact Information

Title	_____	Date business commenced	_____
Company name	_____	<input type="checkbox"/> Sole Trader	_____
Phone Fax	_____	<input type="checkbox"/> Partnership	_____
E-mail	_____	<input type="checkbox"/> Limited Company	_____
Registered company address	_____	<input type="checkbox"/> Other	_____
City, State ZIP Code	_____		_____

Business and Credit Information

City, State ZIP Code	_____	Bank name:	_____
How long at current address?	_____	Primary business address	_____
	_____	City, State ZIP Code	_____
Phone	_____	Phone	_____
Fax	_____	Account number	_____
E-mail	_____	Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
Monthly Credit Limit Required	_____		

Business/trade references

Trade Reference 1

Company name	_____	Phone	_____
Address	_____	Fax	_____
City, State ZIP Code	_____	E-mail	_____
Type of account	_____	Other	_____

Trade Reference 2

Company name	_____	Phone	_____
Address	_____	Fax	_____
City, State ZIP Code	_____	E-mail	_____
Type of account	_____	Other	_____

Agreement

- All invoices are to be paid 30 days from the date of the invoice.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize Progress Logistics Ltd to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Signature	_____	Signature	_____
Name and Title	_____	Name and Title	_____
Date	_____	Date	_____