

GENERAL ACCOUNT APPLICATION			
Name of Company including DBA or Full Name of Individual (First, Middle, Last):			
Federal Tax ID / EIN / Social Security #:		Phone:	Fax:
Company Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual			
State of Incorporation:		Date of Birth (for Individuals & Sole Proprietors):	
Current Broker/Forwarder:			
Your Physical Address:			
City:	State:	Zip Code:	Country (if not U.S.):
Billing Address (if different):			
City:	State:	Zip Code:	Country (if not U.S.):
OPERATIONS CONTACT			
First Name:		Last Name:	Title:
Phone:		Fax:	Email:
ACCOUNTS PAYABLE CONTACT (if different from above)			
First Name:		Last Name:	Title:
Phone:		Fax:	Email:
If you would like to have your invoice and/or statement automatically emailed to you please provide your email address above and check the applicable boxes:			<input type="checkbox"/> Invoice <input type="checkbox"/> Statement
I acknowledge that unless a line of credit is established, payment to AFC International must be made in full via wire transfer prior to delivery/pick-up of cargo.			Initials:
<i>The signature below confirms the applicant's receipt of an agreement to AFC International's terms and conditions.</i>			
Corporate Officer's Signature:		Date of Request:	
Name Printed:		Title:	
FOR ACCOUNTING DEPARTMENT ONLY			
Employee Name:		Date of Request:	
Branch Code:	Dept. Code:	Reason for Request: <input type="checkbox"/> New <input type="checkbox"/> Change	
Mark all that apply: <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Ultimate Consignee <input type="checkbox"/> Bill-to-Only <input type="checkbox"/> Agent			
Bill-to-Code (if third party):			Client Code: