



CREDIT APPLICATION

Instructions: Please fill out completely and fax to our credit department at 1 (786) 265-9406

CUSTOMER INFORMATION

ACCOUNT No.: _____ (Internal use only)

COMPANY NAME: _____

PHONE: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FILE#: _____ YEAR: _____ STATE: _____

TYPE OF BUSINESS: _____ MONTHLY ESTIMATED SHIPMENTS: _____

CONTACT INFORMATION:

CONTACT NAME: _____ TITLE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

CREDIT REFERENCES: (Include if possible 1 airline)

BANK: _____ ACCOUNT #: _____

PHONE: _____ OFFICER: _____

REF 1: _____ ACCOUNT: _____

PHONE: _____ FAX: _____

REF 2: _____ ACCOUNT: _____

PHONE: _____ FAX: _____

REF 3: _____ ACCOUNT: _____

PHONE: _____ FAX: _____

We authorize SkyNet Worldwide Express to contact the companies listed above to verify our credit. SkyNet Worldwide Express will keep this information in the strictest confidence.

SIGNATURE _____ TITLE _____

NAME _____ DATE _____

1900 N.W. 97th Avenue, Doral, Florida 33172
Phone 786-265-4800 Fax 786-265-9406