



9841 E. Frontage Road
 South Gate CA 90280
 Tel: 800-586-9701
 Sales Representative:

CUSTOMER CREDIT APPLICATION

CUSTOMER NAME: _____
 TRADE NAME/DBA: _____
 ADDRESS: _____
 CITY, STATE: _____
 PHONE: _____ FAX: _____
 TAX ID# _____
 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	HOW LONG
_____	_____	_____	_____
_____	_____	_____	_____

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
 ATTN: CREDIT DEPT***