



2131 NW 79 AVE  
Doral, FL 33122  
Ph: 305-436-1408  
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info@americargoexpress.com

## New Client Application

### Company Information:

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Accounts Payable Contact: \_\_\_\_\_  
Accounts Payable e-mail Address: \_\_\_\_\_  
Accounts Payable Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Date of Corporation: \_\_\_\_\_ Company Identification Number: \_\_\_\_\_

### Bank Information: (Complete if applying for credit terms)

Bank Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account number: \_\_\_\_\_

If Credit Is Established With Americargo Express, payment must be made within the terms of the invoice due to:

Americargo Express Inc.  
2131 NW 79 AVE  
Doral, FL 33122  
PH: 305-436-1408

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_