



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.
12301 NW 112 Ave
Bay102
Doral, FL 33178
PH: 305-436-1408

Signed: _____ Name: _____

Title: _____ Date: _____