

# CUSTOMER **ACCOUNT** FORM FOR USA ACCOUNT

PAGE 1/2 \* REQUIRED FIELDS



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## SECTION 1 GENERAL

CUSTOMER ACCOUNT NAME *			
STREET ADDRESS		POSTAL ADDRESS OR E-INVOICE EMAIL ADDRESS	
ADDRESS *		ADDRESS *	
CITY / STATE *		CITY / STATE *	
ZIP CODE *		ZIP CODE *	

## SECTION 2 ORGANIZATIONAL DETAILS

REGISTERED NAME *			
REGISTERED ADDRESS *			
TYPE OF BUSINESS *		IF PARTNERSHIP, PLEASE STATE NUMBER OF PARTNERS	
DATE OF INCORPORATION OR ORGANIZATION *		FEDERAL ID OR SOCIAL SECURITY NUMBER *	
STATE OF INCORPORATION OR ORGANIZATION *			

## SECTION 3 PRINCIPALS

PLEASE LIST FULL NAME AND HOME ADDRESS OF OWNERS, PARTNERS OR DIRECTORS.  
FOR CORPORATIONS LIST ALL OFFICES AND SHAREHOLDERS WITH 5% OR MORE OF OUTSTANDING SHARES.

NAME *		OWNER		PARTNER	
TITLE *		CORPORATE OFFICER		LLC MEMBER	
ADDRESS *					
NAME *		OWNER		PARTNER	
TITLE *		CORPORATE OFFICER		LLC MEMBER	
ADDRESS *					
NAME *		OWNER		PARTNER	
TITLE *		CORPORATE OFFICER		LLC MEMBER	
ADDRESS *					

**ATLANTA**  
4694 Aviation Parkway, #E  
TEL: +1 404 765 9090  
FAX: +1 404 765 9080

**CHICAGO**  
1350 Michael Drive, Unit D  
TEL: +1 630 595 6300  
FAX: +1 630 595 6633

**DALLAS**  
2520 W. Airfield Drive, #300  
TEL: +1 972 426 6535  
FAX: +1 972 426 6537

**LOS ANGELES**  
5353 West Imperial Hwy, #700  
TEL: +1 310 649 5678  
FAX: +1 310 649 1999

**NEW YORK**  
AMB Cargo Centre #75  
TEL: +1 718 785 9410  
FAX: +1 718 785 9418

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## SECTION 4 BANK DETAILS

ACCOUNT NAME *	ACCOUNT NUMBER *
NAME OF BANK *	BRANCH NAME *
BANK ADDRESS *	PHONE *
	FAX

## SECTION 5 CONTACTS

	NAME *	POSITION *	PHONE *	FAX	EMAIL *
OPERATIONS					
ACCOUNTS					

## SECTION 6 TRADE REFERENCES

	NAME *	POSITION *	PHONE *	FAX	EMAIL *
1					
2					
3					

## SECTION 7 TERMS AND CONDITIONS

### Trading Terms

- Payment for all charges incurred must be received by the 15th and 30th calendar day of the following month for all invoices over 30 days old.
- In the event that an account remains unpaid outside the above terms, your complete account will become payable on demand.
- Finance charges at the rate of 10% per annum will be applied to all accounts remaining unpaid beyond terms.
- The applicant agrees to pay all debt collections fees incurred as a result of accounts being placed in the hands of collection agencies.
- In the event Air Menzies International Inc. is required to institute litigation with respect to any credit or services extended as a result of this Credit Application the applicant shall be responsible for all attorneys fees and costs of litigation in the event Air Menzies International Inc. prevails in such litigation.

### Privacy Laws

- I/We agree that AMI may contact the business nominated as Trade References in this application to assess whether to accept Us/me/our company for credit facilities.
- I/We further agree that AMI may seek information from a credit reporting agency.
- I/We further agree that if AMI approves the application for credit, this agreement remains in force until the credit facility covered by this application ceases.

### Acknowledgement

- In consideration of the acceptance of this application, I/We agree to be bound by the Terms and Conditions of use contained in the Credit Application.
- I/We warrant that the information given in this Credit Application is correct and true and I/we have the authority to sign on behalf of the business described above.

NAME *	
TITLE *	
DATE *	

SIGNATURE *
PLEASE CHECK ALL FIELDS ARE ENTERED CORRECTLY BEFORE SIGNING



**We would like to take this opportunity to thank you for choosing Air Menzies International Inc. USA's Leading Wholesaler, and we look forward to being a true partner and extension to your business!!!**

On completion please forward this Credit Application to AMI Credit Department: Email: [barbara.james@airmenzies.com](mailto:barbara.james@airmenzies.com) or Fax: 1-972-426-6555

### AMI ACCOUNT USE ONLY

ACCEPTED		CODE	TRADING AUTHORITY EXTENDED TO		SIGNED
YES	NO		\$	DATE	

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