|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business Contact Information | | | | | |
| Title: | | | | | |
| Company name: | | | | | |
| Phone: | Fax: | | | E-mail: | |
| Registered company address: | | | | | |
| City: | | | | State: | ZIP Code: |
| Date business commenced: | | | | | |
| Sole proprietorship: | | Partnership: | | Corporation: | Other: |
| Business and Credit Information | | | | | |
| Primary business address: | | | | | |
| City: | | | State: | | ZIP Code: |
| How long at current address? | | | | | |
| Telephone: | Fax: | | E-mail: | | |
| Bank name: | | | | | |
| Bank address: | | | Phone: | | |
| City: | | | State: | | ZIP Code: |
| Type of account | Account number | | | | |
| Savings |  | | | | |
| Checking |  | | | | |
| Other |  | | | | |
| Business/trade references | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| Agreement | | | | | |
| 1. All invoices are to be paid 15 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. In the event of default of payment when due or any other payment dispute between the parties, the prevailing party, in addition to any other relief which the court may grant shall be entitled to reasonable attorney’s fees and actual costs. 4. By submitting this application, you authorize Latin American Carriers to make inquiries into the banking and business/trade references that you have supplied. | | | | | |
| Signatures | | | | | |
| Title:  Date: | | | | Title:  Date: | |