



OCEAN FREIGHT LINK
Where Dependability is The Bottom Line

CUSTOMER INFORMATION AND CREDIT APPLICATION FORM

To be filled out and signed by a Company Official or an authorized individual only. All information must be filled out in order to process.

Legal Name: _____

Db: _____

Ownership: ___ Corporation ___ Partnership ___ Sole Proprietorship

Physical address: _____

City, State & Zip: _____

Phone: (_____) _____ Fax:(_____) _____

Federal Tax ID#: _____ D&B # _____ State of Incorporation: _____
(or Social Security #)

Billing Address: _____

City, State & Zip: _____

Acc. Pay. Contact: _____

Phone: (_____) _____ Fax:(_____) _____

BANK REFERENCE

Bank Name: _____

Address: _____

City, State & Zip: _____

Phone: (_____) _____ Fax:(_____) _____

Bank Contact: _____

Email: _____

TRADING REFERENCES

COMPANY NAME _____ CONTACT _____ PHONE _____ FAX _____

The above information is for the purpose of obtaining credit and is warranted to be true and correct. I authorize FVL, Inc. Dba Inland Freight Link to investigate references and history pertaining to my company and its officials's credit. Applicant's signature attests financial responsibility, ability and willingness to pay in accordance with terms assigned by the FVL, Inc. By signing here you agree to the Credit Terms & Agreement of FVL, Inc. which is available at your request.

Authorize Representative: _____ Title: _____
(PRINT)

Signature: _____ Date: _____

We also accept VISA, MASTER CARD, AMEX, DISCOVER, AND PAYPAL
(please request the appropriate form)

3350 SW 148th AVE STE 110 Miramar, FL 33027-3237 Tel: 954-518-4972 Fax:888-411-1205

www.oceanfreightlink.com

