



CREDIT APPLICATION

Instructions: Please fill out completely and fax to our credit department at 1 (786) 265-9406

CUSTOMER INFORMATION

ACCOUNT No.: [REDACTED] (Internal use only)

COMPANY NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FILE#: \_\_\_\_\_ YEAR: \_\_\_\_\_ STATE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ MONTHLY ESTIMATED SHIPMENTS: \_\_\_\_\_

**CONTACT INFORMATION:**

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**CREDIT REFERENCES: (Include if possible 1 airline)**

BANK: _____	ACCOUNT #: _____
PHONE: _____	OFFICER: _____
REF 1: _____	ACCOUNT: _____
PHONE: _____	FAX: _____
REF 2: _____	ACCOUNT: _____
PHONE: _____	FAX: _____
REF 3: _____	ACCOUNT: _____
PHONE: _____	FAX: _____

**We authorize SkyNet Worldwide Express to contact the companies listed above to verify our credit. SkyNet Worldwide Express will keep this information in the strictest confidence.**

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

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