

GENERAL ACCOUNT APPLICATION

Name of Company including DBA or Full Name of Individual (First, Middle, Last):

Federal Tax ID / EIN / Social Security #:	Phone:	Fax:
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Company Type: Corporation LLC LLP Partnership Sole Proprietorship Individual

State of Incorporation:	Date of Birth (for Individuals & Sole Proprietors):
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Current Broker/Forwarder:

Your Physical Address:

City:	State:	Zip Code:	Country (if not U.S.):
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Billing Address (if different):

City:	State:	Zip Code:	Country (if not U.S.):
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OPERATIONS CONTACT

First Name:	Last Name:	Title:
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Phone:	Fax:	Email:
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ACCOUNTS PAYABLE CONTACT (if different from above)

First Name:	Last Name:	Title:
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Phone:	Fax:	Email:
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If you would like to have your invoice and/or statement automatically emailed to you please provide your email address above and check the applicable boxes:	<input type="checkbox"/> Invoice <input type="checkbox"/> Statement
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I acknowledge that unless a line of credit is established, payment to AFC International must be made in full via wire transfer prior to delivery/pick-up of cargo.	Initials:
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The signature below confirms the applicant's receipt of an agreement to AFC International's terms and conditions.

Corporate Officer's Signature:	Date of Request:
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Name Printed:	Title:
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FOR ACCOUNTING DEPARTMENT ONLY

Employee Name:	Date of Request:
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Branch Code:	Dept. Code:	Reason for Request: <input type="checkbox"/> New <input type="checkbox"/> Change
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Mark all that apply: Importer Exporter Ultimate Consignee Bill-to-Only Agent

Bill-to-Code (if third party):	Client Code:
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