



Ship Smoothly with CLT Air Freight Carrier... no worries.

CLT Air Freight Carrier, LLC
 4325 Beam Road, Suite 104
 Charlotte, NC 28217
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 Email: BStancil@cltair.com

Credit Application

Type of Business _____
Date Established _____

Date: _____

Business Name: _____

Business Operates as: Individual [] Partnership [] Corporation
 [] Limited Liability Co. []

Please print or type legibly, use blue or black ink; do not use pencil. All information is required in order to process this application.

MAILING ADDRESS		SHIPPING ADDRESS		BILLING ADDRESS	
TO:		TO:		TO:	
ADDR:		ADDR:		ADDR:	
CITY:		CITY:		CITY:	
STATE:	ZIP	STATE:	ZIP	STATE:	ZIP
PO BOX#	PO ZIP:	PO BOX#	PO ZIP:	PO BOX#	PO ZIP:
PHONE:		PHONE:		PHONE:	
FAX:		FAX:		FAX:	
TAX IDENTIFICATION NUMBER:					

PRIMARY CONTACT PERSON		SECONDARY CONTACT PERSON	
NAME:		NAME:	
SSN:		SSN:	
POSITION:		POSITION:	

REFERENCE # 1	REFERENCE # 2	REFERENCE # 3
COMPANY:	COMPANY:	COMPANY:
ADDR:	ADDR:	ADDR:
CITY:	CITY:	CITY:
STATE: ZIP:	STATE: ZIP:	STATE: ZIP:
PHONE:	PHONE:	PHONE:

FAX:	FAX:	FAX:	
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BANK REFERENCE	
BANK NAME:	ADDRESS:
ACCOUNT #	CITY STATE ZIP
CONTACT:	PHONE # FAX #

Each of the undersigned authorized CLT Air Freight Carrier, LLC, its employees or agents, to make inquiry into any all of the matter set forth in this application and in the financial statements as a part of this application and the undersigned do hereby authorized any bank or other business institution or individual to release any information concerning the financial status of each of us individually or of our business, partnership, or corporation.

SIGNED _____ TITLE _____
 PHONE # _____