



www.groupamericar.com

Phone: (212) 629-8833
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CREDIT APPLICATION FOR CORPORATE ACCOUNTS

COMPANY NAME _____

ADDRESS _____ SUITE / FLOOR _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ YEAR INCORPORATED _____

TYPE OF BUSINESS _____ YEARLY SALES _____

CHIEF EXECUTIVE OFFICER _____

TELEPHONE NUMBER _____ TITLE _____

HOW MANY EMPLOYEES ARE AT THIS LOCATION? _____

HOW MANY EMPLOYEES WILL UTILIZE OUR SERVICE? _____

CONTACT PERSON _____ TELEPHONE NUMBER _____

ACCOUNTS PAYABLE CONTACT NAME _____

TELEPHONE NUMBER _____ FAX NUMBER _____

E-MAIL ADDRESS _____

IF THERE IS A PARENT COMPANY LIST ADDRESS BELOW:

ADDRESS _____ SUITE / FLOOR _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____ TELEPHONE NUMBER _____

BANK ACCOUNTS - CREDIT REFERENCES:

ACCOUNT NUMBER _____

BANK _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ACCOUNT NUMBER _____

BANK _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ACCOUNT NUMBER _____

BANK _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PLEASE FILL OUT REVERSE SIDE

522 West 37th Street • New York, NY 10018

PLEASE LIST TWO BUSINESS REFERENCES:

NAME	ADDRESS	TEL. NO.
1. _____	_____	_____
2. _____	_____	_____

BACK-UP CORPORATE CREDIT CARD NUMBER/EXP DATE: _____

IT IS UNDERSTOOD AND AGREED:

1. CLIENT ASSUMES FULL RESPONSIBILITY FOR ANY SERIES OF VOUCHERS ISSUED TO THEM BY GROUP AMERICAR TRANSPORTATION LLC
2. ALL CORRESPONDENCE AND/OR CHECKS MUST INCLUDE ACCOUNT AND INVOICE NUMBERS.
3. BILLING CYCLE SELECTED 7 DAYS 14 DAYS 30 DAYS
4. A SERVICE CHARGE OF THREE DOLLARS PER VOUCHER WILL BE ADDED TO INVOICE.
5. 2% NYS WORKERS COMP. SURCHARGE WILL BE ADDED TO EVERY VOUCHER TOTAL.
6. IN THE EVENT THAT THE ACCOUNT REMAINS UNPAID AND LEGAL FEES AND COSTS ARE INCURRED BY GROUP AMERICAR TRANSPORTATION LLC, RELATING TO THE COLLECTION THEREOF, THE APPLICANT AGREES THAT IT SHALL BE LIABLE FOR ANY AND ALL SUCH REASONABLE LEGAL FEES AND COST, IN ADDITION TO THE OUTSTANDING BALANCE.
7. THE APPLICANT HEREBY AGREES THAT THE USUAL CREDIT INQUIRES MAY BE MADE, AND IT AUTHORIZES GROUP AMERICAR TRANSPORTATION LLC, TO OBTAIN SUCH INFORMATION AS IT MAY REQUIRE FROM WHATEVER SOURCES IT DEEMS NECESSARY CONCERNING ANY STATEMENTS MADE ON THIS APPLICATION.
8. THE UNDERSIGNED ON BEHALF OF THE APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS ARE TRUE. CORRECT AND COMPLETE AND HAVE BEEN MADE BY THE UNDERSIGNED FOR THE PURPOSE OF INDUCING GROUP AMERICAR TRANSPORTATION LLC, TO EXTEND CREDIT TO THE APPLICANT KNOWING THAT GROUP AMERICAR TRANSPORTATION LLC WILL RELY THEREUPON.
9. WE ARE NOT RESPONSIBLE FOR PERSONAL PROPERTY LEFT IN CARS.
10. INORDINATE DELAY IN PAYMENTS WILL RESULT IN THE CANCELLATION OF PRIVILEGES.

THE UNDERSIGNED REPRESENTS THAT HE IS DULY AUTHORIZED TO FILE THIS APPLICATION FOR GROUP AMERICAR TRANSPORTATION LLC, VOUCHER TRANSPORTATION SERVICES.

AUTHORIZED SIGNATURE _____

TITLE-OFFICER _____ DATE _____

FOR OFFICE USE ONLY

APPROVED BY: _____ DATE _____

ACCOUNT NUMBER: _____ SALES REP. INITIALS _____