

AMERICA TRANSPORTATION

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CORPORATE APPLICATION

LEGAL CORPORATE NAME:

MAILING ADDRESS:

CONTACT PERSON:

AUTHORIZED USERS:

TELEPHONE: _____ **FAX:** _____

FEDERAL ID: _____

CORPORATE OR PERSONAL CREDIT CARD GUARANTEE:

ACCOUNT NUMBER: _____ **EXP:** _____

NAME AS IT APPEARS ON THE CARD:

CARDMEMBERS SIGNATURE:

TERMS: Invoice amount due upon receipt. We can bill your credit card directly or you can pay by company check. Payment not received within 15 days of the invoice date will be charged to the credit card on file. **PLEASE SIGN AND FAX BACK TO (703) 749-1831. THANK YOU.**