



4545 Palisade Street
Wichita, KS 67217

APPLICATION FOR CREDIT

COMPANY NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

ADDRESS TO SEND INVOICES: _____

PHONE: _____ FAX: _____

OFFICERS: PRESIDENT: _____

VICE PRESIDENT: _____

SECRETARY: _____

HOW LONG IN BUSINESS: _____

D&B NUMBER & RATING: _____

BANK: _____ CONTACT: _____

CREDIT REFERENCES:	EMAIL ADDRESS	PHONE
1. _____		
2. _____		
3. _____		

SIGNED: _____ DATE: _____

TITLE: _____

Please submit for to 316-522-0788 or ar@acimotorfreight.com

Questions? Please call the ACI account department or your sales contact –

PHONE (316)522-5559 FAX (316)522-0788 WATS 1-800-835-0244