



Account Number

# AFC Corporate Transportation

15734 Aldine Westfield Rd. Houston, Texas 77032  
(713) 988-5466 Fax (832) 601-0955

## CORPORATE/PERSONAL ACCOUNT APPLICATION

The following information will be needed for our Accounts Receivable Department. Please fax the Form to 832.601.0955 or send to 15734 Aldine Westfield Rd., Houston, Texas 77032

**Please print or type clearly**

Date: \_\_\_\_\_

Company or Client Name \_\_\_\_\_ Business Phone# \_\_\_\_\_

Billing Address \_\_\_\_\_ Fax# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_

Address \_\_\_\_\_  
*(if different from Billing address)* City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Dept \_\_\_\_\_

### Credit Card Information – (Required guaranteeing payment.)

- VISA
- MasterCard
- Diner's Club
- Discover
- American Express

Card #: \_\_\_\_\_ Expires: \_\_\_\_\_

Cardholder Name *(Please Print)* \_\_\_\_\_ Phone# \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Credit References

*Please supply for corporate accounts*

Federal ID #: \_\_\_\_\_

Bank References \_\_\_\_\_ Account # \_\_\_\_\_ Balance: \_\_\_\_\_  
\_\_\_\_\_

**ONLINE ACCOUNT INFORMATION**

**Requested Username and Password (Not Case Sensitive)**

User Name: \_\_\_\_\_

Password: \_\_\_\_\_

Home Address (No PO Boxes)

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Fax Phone # \_\_\_\_\_

Cellular Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Business Address

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax Phone # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Bill To or Other Address

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax Phone # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ Email: \_\_\_\_\_

