



CAPITOL TRANSPORTATION, INC
 PO BOX 363008 SAN JUAN PR 00936-3008
 TEL. (787) 792-4949 FAX. (787) 781-0965
 E-MAIL: capitol@capitoltransportation.com

ACCOUNT PROFILE

Customer Name _____

Mailing Address: _____

Physical Address: _____

Accts Payable: _____

Name	Phone #	E-mail	Fax #
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Pres. / GM : _____

Name	Phone #	E-mail	Fax #
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Bank Reference: _____

Name	Phone #	E-mail	Fax #
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Branch	Contact
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Trade Affiliations _____ HG'S FOWARDERS _____ FIDI _____ LACMA _____ OTHER _____

Trade References 1 Company _____ Contact _____

Phone # _____ E-mail _____ Fax # _____

2 Company _____ Contact _____

Phone # _____ E-mail _____ Fax # _____

CAPITOL TRANSPORTATION INC.. CREDIT POLICY

This application is to extend credit for services obtained from Capitol Transportation, Inc. to the undersigned. The statements contained herein are made with the intent that Capitol Transportation, Inc. relies upon the same as true and correct. **Terms of payment are net thirty (30) days from the date of invoice.** Remittances received from or for the account of customer may be applied against amounts owing by customer and acceptance of such remittances shall not constitute a satisfaction or release of customer remaining liability. Regardless of any notations on such remittance, **Storage Terms** are to be paid by credit card or debit banking account information. In consideration of the extension of credit, the undersigned agrees to abide by each of the terms, conditions and requirements set forth above. Should any outstanding monies be owed, Capitol Transportation, Inc. will seek legal solution as set forth by the laws of Puerto Rico.

Amount of Credit Requested: _____

FOR ACH DIRECT DEPOSIT PLEASE USE OUR BANKING INFORMATION: ABA # 021502341- ACCOUNT # 3003294632- BANCO SANTANDER OF PR PO BOX 362589 SAN JUAN PR 00936

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

CREDIT CARD: ___ VISA ___ MC / Card No. _____ Exp Date _____

DIRECT BANKING INFORMATION or BANK DEBIT

ABA or Routing No. _____ Checking account No. _____ Bank Name _____

FOR INTERNAL USE ONLY

Select: ___ CARRIER ___ NATIONAL ___ STORAGE ___ RELO **Select:** ___ CORPORATION ___ INDIVIDUAL

Reviewed by : _____ Date: _____ Customer No. _____

Approved by: _____ Date: _____ Credit Approved _____ Credit Terms _____

Comments: _____