

A & D TRANSPORTATION CORP.

ACCOUNT APPLICATION

PERSONAL INFORMATION (Personal Accounts Only)

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Card Type: AMEX _____ VISA _____ MC _____ DISCOVER _____
Credit Card Holder's Name (as it appears on card): _____
Credit Card Number: _____ Exp. Date _____
Name of Person(s) authorized to use A & D Transportation Corp. account. _____

COMPANY INFORMATION (Corporate Accounts Only)

Company Name: _____ Federal ID#: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ No. of employees: _____
Name of Person (s) authorized to use account: (attach additional sheet if necessary) _____

Name of person opening account: _____ Position: _____

ACCOUNTS PAYABLE INFORMATION (Corporate Accounts Only)

Contact Name: _____ Position Held: _____
Telephone: _____ Fax: _____
Nature of Business: _____ Number of years in business: _____
Card Type: AMEX _____ VISA _____ MC _____ DISCOVER _____
Credit Card Number: _____ Exp. Date _____
Credit Card Holder's Name: (as it appears on card) _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

BANK INFORMATION (Corporate Accounts Only)

Bank Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Account#: _____ Account Officer: _____
Telephone: _____ Fax: _____

TRADE REFERENCES (Corporate Accounts Only)

Company Name: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Account #: _____

Company Name: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Account #: _____

APPLICANT CORPORATE OR PERSONAL CREDITCARD WILL BE CHARGED FOR THE FULL BALANCE OWED EVERY BILLING DAY. 20% GRATUITY CHARGE WILL BE AUTOMATICALLY ADDED TO YOUR BILL. APPLICANT AUTHORIZES ALL CREDIT REFERENCES, BANKS AND CREDIT REPORTING AGENCIES TO DISCLOSE TO A & D TRANSPORTATION CORP. ALL PERTINENT INFORMATION CONCERNING THE FINANCIAL AND CREDIT HISTORY OF THE APPLICANT. A & D TRANSPORTATION CORP. RESERVES THE RIGHT TO REFUSE SERVICE TO INDIVIDUALS WHO ARE IN ARREARS. CUSTOMER AGREES TO BE RESPONSIBLE FOR PAYMENT OF ALL LOST, STOLEN OR MISSING VOUCHERS. CUSTOMER BE AGREES TO RESPONSIBLE FOR ALL RESERVATIONS MADE RESULTING IN A "NO SHOW". WITH MY SIGNATURE BELOW, I HEREBY AUTHORIZE A & D TRANSPORTATION CORP. TO SUBMIT UNSIGNED CREDIT CARD VOUCHERS ON MY BEHALF FOR SERVICES RENDERED, STATING THAT MY SIGNATURE IS ON FILE. I hereby understand and agree to be bound by the terms of this agreement.

Signature _____ Date _____

Print Name _____

Fax this form to: New York Office - (718) 643-9780 / New Jersey Office - (732) 786-1653

Please note incomplete charge account applications can not be processed. Thank You!