



Agency Account Application

Please Print Clearly!

Agency Name _____

Contact Name _____

Street Address _____

City/State/Zip _____

Country _____

Phone # _____ Fax # _____

E-Mail Address _____

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### Credit Card Authorization

I, \_\_\_\_\_, pre-authorize  
(Cardholder's Name)  
to charge my credit card for all tickets generated by my agency.

VISA       MasterCard       American Express       Discover

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address for this credit card (*where your bills are received*):

\_\_\_\_\_  
\_\_\_\_\_

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

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Statements

The balance on your account will be charged to your credit card the once a week.

Please indicate how you would prefer to receive your statements:

E-mail Address _____

Fax # _____

Regular U.S. Mail _____

Please be advised that effective immediately any new account setups and credit card phone payments will require the following:

- Complete and signed credit card authorization form
- Front and back copies of credit card
- Copy of valid driver's license or passport with signature of bearer.

Bahamas Express Employee must fill out the below:

Employee Name: _____

Department: _____ Customer Account Number: _____

Authorization Number: _____ Date: _____ Time: _____

Agreement Closed: _____ Date: _____ Time: _____

Customer Profile and Application

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Contact/Title: _____

Date: _____

COMPANY INFORMATION

Type of Business: Corporation: Partnership Proprietorship Personal

Nature of Business: _____ Years in Business: _____

Federal Tax ID Number: _____ State Incorporated: _____

Dunns Number: _____

Number of Employees: _____

Will branches be included: Yes No If yes, please provide list of branches.

FINANCIAL DATA

Estimated Annual Business with Bahamas Express: \$_____ Net Worth: \$_____

Line of Credit Requested: \$_____ Company Annual Sales: S_____ Please
attach Financial Statements (last two years) or Annual Report

CORPORATE OFFICERS/OWNERS

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Person to contact regarding financial matters: _____ Title: _____

BANK REFERENCE

Bank Name: _____ Bank Officer: _____

Phone Number: _____ Bank Address: _____

Bank Account Number: _____

TRADE REFERENCES

Name: _____ Contact: _____

Phone: _____ Address: _____

Account Number: _____

TRADE REFERENCES CONTINUED

Name: _____ Contact: _____

Phone: _____ Address: _____

Account Number: _____

Bahamas Express Approved Credit Terms

Terms are net 15 days from billing. Invoices are subject to a service charge of 1 1/2 % per month on invoices not paid according to terms. Credit privileges subject to immediate suspension or revocation if any disputed invoices are not paid within 15 days of the billing, or if balance due at any time exceeds Bahamas Express approved credit limits. If this account is placed or given to any attorney for collections, applicant shall pay Bahamas Express for court costs and reasonable attorney's fees in addition to other amounts due. Reasonable attorney's fees shall not be less than 25% of all amounts due.

The undersigned certifies that all information shown on this application to be true. I/we authorize Bahamas Express, to whom this application is submitted, to investigate the references, statements or other data obtained from me/us or from any other source pertaining to our credit and financial responsibility.

The Undersigned further agrees to the above credit terms and such terms and conditions as are set forth in Bahamas Express air way bill and its published tariff.

Date: _____ By: _____

Firm _____ Print Name & Title: _____

Please return completed application and financial statement to:

Bahamas Express
610 SW 34th Street
Building 3 Suite 303
Fort Lauderdale, Florida 33315
Phone (754) 200-0005 Fax: (954) 356-1173

DO NOT WRITE BELOW THIS LINE---OFFICE USE ONLY

CREDIT APPROVAL

Amount: _____ Date: _____ Approving Signature: _____

Originating Station: _____ Contact Person: _____

Comments: _____

To prevent delay in processing your application, please be sure all lines are completed.

Should you require assistance regarding your account you may fax, call or email us at accounting@flybahamasexpress.com.

Fax Completed Application to 954-356-1173