



24 Hour Pickup and Delivery
 P.O. Box 204
 New Hyde Park, NY 11040

(516) 488-6162

Fax (516) 488-6164

Account Application

Card #:	Expires:
Name On Card:	
Billing Address:	
City:	State:
Zip:	

Open Credit

AMEX

Bill My Card

Mastercard/VISA

Company Information

Company Name:			
Business Type:	Corporation <input type="checkbox"/>	Not Incorporated <input type="checkbox"/>	State Of:
Federal ID # (9 digits):			Duns#:
Address:			
City:	State:		Zip:
Phone:		Fax:	
President / Owner:			
Key Contact:			
Phone:	Ext:	Email:	
Payments Contact:			
Phone:	Ext:	Email:	

Bank Reference

Name of Bank:	Account #:
Branch Address:	
Contact Name:	Phone #:

Trade References (List 3): Company, Address, Phone #, Contact

1.
2.
3.

The above information is furnished for the purpose of opening an account. The authorized signature below is in agreement to the terms and conditions as follows. Payment is due within 15 days of invoice, subject to 1.5% per month service charge on delinquent accounts. Should PAC decide collection efforts are needed, the applicant agrees to pay any and all costs including attorney, and / or collection agency fees pertaining to PAC recovery of past due invoices and outstanding amounts owed PAC Courier Service. The applicant certifies the above information to be true.

Signed:	
Title:	Date: