

Credit Application

Company:

Mailing Address: _____
City: _____ State: _____ ZIP: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Fax: _____

Main Contact Person:

Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____

Accounts Payable Contact Person:

Name: _____ Email **: _____
Phone: _____ ** If you want statement email to a different address, please specify:
Fax: _____

Type of Organization:

_____ C-Corporation _____ S-Corporation _____ LLC _____ LLP
_____ Partnership _____ Proprietorship Others _____

Date Organized / Present Control: _____

State Organized: _____

Years at Current Location: _____

Tax ID / SSN: _____

Duns & Bradstreet No.: _____

Nature of Business: _____

Annual Revenue: US \$ _____

No. of Employees: _____

Current Logistics Providers: _____

Credit Application

Shipping Information

Primary destination / origin country: _____

Estimated Shpts per mo / qtr / yr: _____

Add'l Info (LCL / FCL, Weight, estimated frt cost per shpt) _____

Ocean Import _____

Ocean Import _____

Air Export _____

Air Import _____

Bank References:

Bank: _____

Acct No: _____

No of Yrs Trading: _____

Contact: _____

Phone: _____

Email: _____

Fax: _____

Address: _____

Trade References:

Company: _____

Acct No: _____

No of Yrs Trading: _____

Contact: _____

Phone: _____

Email: _____

Fax: _____

Address: _____

Company: _____

Acct No: _____

No of Yrs Trading: _____

Contact: _____

Phone: _____

Email: _____

Fax: _____

Address: _____

Company: _____

Acct No: _____

No of Yrs Trading: _____

Contact: _____

Phone: _____

Email: _____

Fax: _____

Address: _____

Credit Application

Authorized Representative (please type or print):

Company: _____

Name: _____ **Title:** _____

Signature: _____ **Date:** _____
