

CREDIT APPLICATION AND AGREEMENT (General)

Please email completed form to creditapp@pacificgroup.net or fax it to 604.531.3120

Credit Amounts Requested

Pacific Customs Brokers Ltd. Can. Net 15 Days \$ _____ Pacific Customs Brokers Inc. USA Net 15 Days \$ _____
Pacific Overseas Forwarding Inc. Net 30 Days \$ _____ PCB Highway Sufferance Warehouse Net 30 Days \$ _____

Basic Information

Legal Company Name: _____
Doing Business As: _____
Business Type: _____ Individual _____ Proprietorship _____ Partnership _____ Corporation Year Established: _____
Business Address: _____
City: _____ Prov/State: _____ Post/Zip Code: _____ Country: _____
Mailing Address: _____
City: _____ Prov/State: _____ Post/Zip Code: _____ Country: _____
Telephone Number: _____ Fax Number: _____
Type of Industry / Business: _____ Website: _____
Company Incorporation # _____ IRS / SS# _____
Canadian Business GST # _____ US Customs Bond # _____

Account Information - IF A CORPORATION, ATTACH ARTICLES OR ANNUAL RETURN

Owners / Partners / Officers / Directors: _____
Additional Owners / Partners: _____
Name of highest-level parent Company: _____
Incorporation # of Parent / Subsidiary: _____
Create a credit account for parent / subsidiary? _____ Yes _____ No Invoices to be billed in: _____ CAD _____ USD
How many shipments / movements do you anticipate monthly? _____
Mode of Transport: _____ Air _____ Ocean _____ Truck _____ Rail _____ Other: _____
Current Canadian Customs Broker: _____ Current USA Customs Broker: _____

Contact Information

Customs Contact Name: _____
Email: _____ Phone: _____
Accounts Payable Name: _____
Email: _____ Phone: _____

Bank Information

Bank Name: _____
Address: _____
City: _____ Prov/State: _____ Post/Zip Code: _____ Country: _____
Contact Name: _____ Contact Email: _____
Telephone: _____ Fax Number: _____

The undersigned(s) has provided the foregoing information, intended to be true and correct for the purpose of obtaining credit from Pacific Customs Brokers Ltd., Pacific Customs Brokers Inc., Pacific Overseas Forwarding Inc. and/or PCB Highway Sufferance Warehouse for the Company. The Company waives its rights under all provincial and/or federal privacy laws and hereby authorizes and requests each bank or trade reference listed herein to advise and freely express an opinion of its credit experience with the Company. The Company agrees that this form may be disclosed to those references. If credit is granted to the Company, the Company, by its authorized signatures, agrees to be bound by and acknowledges having received a copy of all the general terms and conditions of the Credit Agreement and Guarantee on or before the date of this application as contained on www.pcb.ca/creditapp/creditterms.cfm or available upon request. Interest of 24% per annum, 1.808% compounded monthly, will be charged on all overdue accounts. Amounts causing the credit limit to be exceeded are payable in advance.

I/We in consideration of your (as selected above) granting credit to the Company of which I/we am/are an Officer, Director or Authorized Signatory of the Company do hereby personally guarantee payments of all accounts of the Company. This is a continuing and irrevocable Guarantee and shall not be affected by any extensions of time for payment or other arrangements you make with the Company but shall be discharged by payments in full of all the Company's accounts. Complete terms are available on www.pcb.ca/creditapp/guarantee.cfm or by request.

DATE AND SIGN HERE: Dated on this _____ day of _____, 20_____.

Authorized Signature

Authorized Signature

Print Name and Title (Director / Officer / Owner)

Print Name and Title (Director / Officer / Co-owner)

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Basic Information

Legal Company Name: _____

Doing Business As: _____

Trade References (please provide information for three vendors with whom you do business, if requested separate forms will be provided)

Reference 1	Name: _____
	Address: _____
	City: _____ Province / State: _____
	Country: _____ Postal / Zip Code: _____
	Contact Name: _____ Contact Email: _____
	Telephone: _____ Fax Number: _____

Reference 2	Name: _____
	Address: _____
	City: _____ Province / State: _____
	Country: _____ Postal / Zip Code: _____
	Contact Name: _____ Contact Email: _____
	Telephone: _____ Fax Number: _____

Reference 3	Name: _____
	Address: _____
	City: _____ Province / State: _____
	Country: _____ Postal / Zip Code: _____
	Contact Name: _____ Contact Email: _____
	Telephone: _____ Fax Number: _____