



CREDIT AMOUNT REQUESTED

Specify Dollar Amount of Credit Being Requested

CREDIT APPLICATION AND AGREEMENT

Please email completed form to **office@abccustoms.com** or fax it to **604.538.5666**

BASIC INFORMATION

Legal Company Name		Doing Business As		Year Established
Business Address		TYPE OF COMPANY <input type="radio"/> General Partnership <input type="radio"/> Sole Proprietorship <input type="radio"/> Limited Liability Company <input type="radio"/> Corporation <input type="radio"/> Individual <input type="radio"/> Limited Partnership <input type="radio"/> Other		
City	Province / State	Postal / Zip Code	Country	
Mailing Address (if different)				
City	Province / State	Postal / Zip Code	Country	
Telephone Number	Fax Number	Type of Business / Industry	Website	
Company Incorporation #	IRS / SS #	Canadian Business GST#/HST#	US Customs Bond #	

BANK INFORMATION

Bank Name		Address		City
Province / State	Postal / Zip Code	Country	Telephone	Fax
Contact Name		Contact Email		

The undersigned, representing the application (the "Company") has provided the foregoing information, intended to be true and correct for the purpose of obtaining credit from the "Lender", as defined in the terms and conditions found at <http://www.abccustoms.com/ImportantLegalTerms>. 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, by its authorized signatories, the Company agrees to be bound by and acknowledges having received a copy of all of the general terms and conditions of the Credit Agreement and Guarantee on or before the date of this application as contained on <http://www.abccustoms.com/ImportantLegalTerms> or available upon request. I/We in consideration of the Company receiving credit of which I/we am/are an Officer, Director or Authorized Signatory of the Company do hereby personally guarantee payment 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. I/we hereby grant

the Lender a security interest in all of my/our present and after acquired personal property, including the proceeds thereof, and by executing this instrument, acknowledges receipt of the within security agreement and hereby waives receipt of a financing statement pursuant to the Personal Property Security Act statute of British Columbia or other similar applicable provincial, state or federal legislation. I acknowledge receipt of this document, all future communication hereafter, and any additional documentation as may become required, electronically, executed in one or more counterparts, and together such counterparts shall constitute one whole. By signing this document and providing my email address above, I give my express consent, as defined by **Canada's Anti-Spam Legislation ("CASL")**, to receive electronic messages relevant to my relationship with ABC Customs Brokers Ltd. or any affiliate, including industry updates, customs regulations, trade compliance education and events. I understand that my consent may be withdrawn at any time by visiting www.abccustoms.com/unsubscribe. 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. Complete terms are available at <http://www.abccustoms.com/ImportantLegalTerms> or by request.

AUTHORIZATION

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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ACCOUNT INFORMATION (if a corporation, attach notice of articles or annual return)

Owners, Partners, Officers, Directors			
Additional Owners / Partners			
Name of highest-level parent company		Incorporation number of parent or subsidiary	
Create a credit account for parent / subsidiary:	<input type="radio"/> Yes <input type="radio"/> No	How did you hear about us?	
Mode of Transport:	<input type="radio"/> Air <input type="radio"/> Ocean	<input type="radio"/> Truck <input type="radio"/> Other	If other, please specify: Anticipated number of monthly shipments?
Current Canadian Customs Broker		Current USA Customs Broker	

CONTACT INFORMATION

Customs Contact Name	Email	Telephone
Accounts Payable Name	Email	Telephone

TRADE REFERENCE 1 (Please provide information for three vendors with whom you do business, if requested separate forms will be provided)

Company Name		Address		City	
Province / State	Postal / Zip Code	Country	Telephone	Fax	
Contact Name			Contact Email		

TRADE REFERENCE 2

Company Name		Address		City	
Province / State	Postal / Zip Code	Country	Telephone	Fax	
Contact Name			Contact Email		

TRADE REFERENCE 3

Company Name		Address		City	
Province / State	Postal / Zip Code	Country	Telephone	Fax	
Contact Name			Contact Email		