ATLANTIC EX-WORKS INC

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ATLANTIC EX-WORKS
Freight Forwarding & Customs Brokerage

CREDIT APPLICATION

COMPANY INFORMATION

LEGAL COMPANY NAME:

BUSINESS ADDRESS:

CITY:

PROVINCE/STATE:

POSTAL CODE/ZIP:

PHONE:

EMAIL:

WEBSITE:

BUSINESS DETAILS

NATURE OF BUSINESS:

YEARS IN BUSINESS:

TYPE OF BUSINESS:

☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP OTHER

NUMBER OF EMPLOYEES:

ANTICIPATED MONTHLY SHIPMENTS:

AVERAGE SHIPMENT VALUE:

BANKING INFORMATION

BANK NAME:

BRANCH:

ACCOUNT NUMBER:

BANK CONTACT NAME:

PHONE:

TRADE REFERENCES

1. COMPANY NAME:

CONTACT NAME:

PHONE/EMAIL:

2. COMPANY NAME:

CONTACT NAME:

PHONE/EMAIL:

3. COMPANY NAME:

CONTACT NAME:

PHONE/EMAIL:

PAYMENT TERMS

ALL INVOICES MUST BE PAID WITHIN 30 DAYS OF DELIVERY UNLESS OTHERWISE AGREED UPON IN WRITING.
A 2% LATE PAYMENT FEE, COMPOUNDED MONTHLY, MAY BE APPLIED TO ALL PAST-DUE INVOICES.

AUTHORIZATION

I, THE UNDERSIGNED, HEREBY AUTHORIZE ATLANTIC EX WORKS INC. TO OBTAIN CREDIT INFORMATION AS REQUIRED FOR THE ESTABLISHMENT OF AN ACCOUNT. I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE. I AGREE TO THE TERMS AND CONDITIONS AS SET OUT BY ATLANTIC EX WORKS INC.

AUTHORIZED SIGNATORY

NAME:

TITLE:

DATE:

SIGNATURE: