



FMC License No. 022459NF

4634 East Marginal Way South, Suite C-120, Seattle, WA 98134 • T 206-315-3758 • F 206-324-8835 • www.ibius.com

CREDIT APPLICATION

Company Name: _____ Type of Business: _____

Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip: _____ How long in business: _____

SPECIFY OWNERSHIP: _____ Individual _____ Partnership _____ Corporation

If Sub-Chapter S or Corporation or Partnership, please list PRESIDENT OR PARTNERS:

Name/Title: _____ SS#: _____ Phone: _____

Name/Title: _____ SS#: _____ Phone: _____

TRADE REFERENCES:

Company Name/City:	Contact:	Phone:	Fax:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you now or have you ever filed for bankruptcy protection? _____ Yes _____ No

BANK REFERENCES:

Name & Branch:	Contact:	Address:	Phone:	Acct #:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I, _____, have read and agree to the attached TERMS OF PAY for A CARGO, INC and agree to those terms.

I (below signed) certify that the above information is true and correct to the best of my knowledge, and, furthermore, I realize my obligation to inform A CARGO, INC of any and all changes to the above information.

Signature/Title

Date

Address

D & B #: _____



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TERMS OF PAYMENT

(Your Company Name)

(Your Name)

On this date I have confirmed to A CARGO, INC. that the correct address for billing charges is as follows:

Three horizontal lines for address input

Attn: _____

A/P Contact: _____ E-Mail Address: _____

Phone: _____ Fax: _____

PLEASE READ CAREFULLY: Please list the special requirements and/or attachments required by you to be included on/or with A CARGO, INC. invoices:

Two horizontal lines for special requirements

I have been advised on the date shown below A CARGO INC.'S standard credit terms are payment in full within 7 days of the invoice date.

I, the undersigned, certify the information on this Terms of Payment form is true and correct to the best of my knowledge and furthermore realize my obligation to inform A CARGO, INC. of any and all changes in the above information.

I also understand A CARGO, INC.'S payment terms are payment in full within 7 days of the invoice date. I have advised A CARGO, INC. that we can and will comply with these payment terms. In the event of non-payment, I consent to the exclusive jurisdiction of the Superior Court of Washington or the United States District Court for the District of Washington regarding any litigation between the parties and that in such litigation, A Cargo, Inc., will be entitled to recover its legal expenses, reasonable attorney's fees and costs of suit, pre-judgment and post judgment.

I, the undersigned, understand that A Cargo Inc. utilizes the National Customs Brokers & Freight Forwarders Association of America, Inc.'s Standard Terms and Conditions, and agree to accept those terms and conditions.

DATE: _____ SIGNATURE OF OFFICER/AUTHORIZED AGENT (REQUIRED)

PRINTED NAME OF ABOVE: _____



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BANK REFERENCE REQUEST

Complete this section to contact your Bank Reference

DATE: _____

BANK: _____

ATTN: _____

PH #: _____ FAX #: _____

PLEASE FURNISH THE FOLLOWING INFORMATION SO WE MAY DETERMINE THE CREDIT STATUS AND LIMIT FOR:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

IS THIS ACCOUNT: CHECKING SAVINGS OTHER

*ACCOUNT #: _____

*OPENING DATE: _____

*DAILY AVERAGE BALANCE: _____

*NSF LAST 12 MONTHS? _____

COMMENTS _____

**PLEASE FAX BACK THIS INFORMATION ASAP TO:
206-324-8835**