



**INTERNATIONAL  
BROKERAGE  
INC**

CBP Corporate License No. 20700 C-TPAT No. intBro152732

4634 East Marginal Way South, Suite C-120, Seattle, WA 98134 • T 206-324-8834 • 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:**

<b>Company Name/City:</b>	<b>Contact:</b>	<b>Phone:</b>	<b>Fax:</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

**BANK REFERENCES:**

<b>Name &amp; Branch:</b>	<b>Contact:</b>	<b>Address:</b>	<b>Phone:</b>	<b>Acct #:</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I, \_\_\_\_\_, have read and agree to the attached TERMS OF PAY for INTERNATIONAL BROKERAGE, 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 INTERNATIONAL BROKERAGE, INC of any and all changes to the above information.

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

D & B #: \_\_\_\_\_

**TERMS OF PAYMENT**



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\_\_\_\_\_  
**(Your Company Name)**

\_\_\_\_\_  
**(Your Name)**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 INTERNATIONAL BROKERAGE, INC. invoices:**

\_\_\_\_\_

\_\_\_\_\_

I have been advised on the date shown below INTERNATIONAL BROKERAGE, INC.'S standard credit terms are payment in full prior to release/delivery of cargo until credit has been established at which your account will be reviewed and terms may change and you will be notified of such changes.

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 INTERNATIONAL BROKERAGE, INC of any and all changes in the above information.

**I also understand INTERNATIONAL BROKERAGE, INC.'S payment terms are payment in full prior to release/delivery of cargo. I have advised INTERNATIONAL BROKERAGE, 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, International Brokerage, 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 International Brokerage 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.**

\_\_\_\_\_  
SIGNATURE OF OFFICER/AUTHORIZED AGENT (REQUIRED)      DATE: \_\_\_\_\_

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**