



Credit Application

Organization

LEGAL ORGANIZATION NAME	YEARS IN BUSINESS	TAX ID #	SHIPMENTS PER MONTH
BILLING ADDRESS			AVERAGE COST PER SHIPMENT
NATURE OF BUSINESS	BUSINESS TYPE (SELECT ONE)	<input type="radio"/> CORPORATION <input type="radio"/> SOLE PROPRIETORSHIP	<input type="radio"/> PARTNERSHIP <input type="radio"/> LLC

People

OPERATIONS CONTACT NAME	EMAIL / FAX	PHONE
A/P CONTACT NAME	EMAIL / FAX	PHONE

Banking

BANK NAME	ADDRESS		
CONTACT NAME	BANK ACCOUNT #	PHONE	EMAIL / FAX

Vendors

REFERENCE COMPANY NAME 1	CONTACT NAME 1	PHONE 1	EMAIL / FAX 1
REFERENCE COMPANY NAME 2	CONTACT NAME 2	PHONE 2	EMAIL / FAX 2
REFERENCE COMPANY NAME 3	CONTACT NAME 3	PHONE 3	EMAIL / FAX 3

Terms

Please check this box if your company has previously declared bankruptcy or solicited protection from creditors.

I/We hereby state that the information contained in this application is, to the best of my/our knowledge, true and correct. I/We authorize A & A Group of Companies (A & A Contract Customs Brokers Ltd., A & A International Freight Forwarding Ltd., and A & A Contract Customs Brokers USA Inc.) to verify credit with third parties regarding any of the information concerning me/us submitted in this application. I/We understand that A & A is relying on this information for the purpose of granting us credit terms.

\$ AMOUNT OF CREDIT REQUESTED	OFFICER SIGNATURE	TITLE	DATE (MM/DD/YYYY)
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