



**FOLGUERAS**  
**CUSTOMS BROKER**  
**CREDIT APPLICATION**

**BUSINESS CONTACT INFORMATION**

Company name:

Phone: Fax: E-mail:

Company address:

City: State: ZIP Code:

Date business commenced: Tax ID #

**BUSINESS AND CREDIT INFORMATION**

Billing address:

City: State: ZIP Code:

How long at current address?

Bank name:

Bank address: Phone:

City: State: ZIP Code:

Type of account: Account number:

**BUSINESS/TRADE REFERENCES**

Company name & Contact:

Address:

Phone: Fax: E-mail:

City, State, and Zip Code:

Company name & Contact:

Address:

Phone: Fax: E-mail:

City, State, and Zip Code:

Company name & Contact:

Address:

Phone: Fax: E-mail:

City, State, and Zip Code:

**AGREEMENT**

1. All invoices are to be paid in accordance with the terms on invoice date.
2. By submitting this application, you authorize Folgueras Customs Broker Corp. to make inquiries to the bank and business/trade references that you have supplied.

If credit is granted, I/we understand the terms of payment. Folgueras Customs Broker Corp. will charge interest on any past due balance at the rate of 1.5% per month. In consideration of Folgueras Customs Broker Corp. extending credit to the above business, I/we do hereby grandly, jointly, and individually agree to pay for all goods and services supplied to me; or to the above business. In the event that an account is placed with third party collection, I/we agree to pay all costs: including reasonable attorney fees, court costs, and finance charges.

I/we authorize Folgueras Customs Broker Corp. to investigate our credit history, bank references, and other information deemed necessary to extend credit. I/we agree to immediately notify Folgueras Customs Broker Corp. of any change in ownership, address, or form of the set business. This agreement shall remain enforced until written notice of revocation is received by Folgueras Customs Broker Corp.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

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**Signature**

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**Print (name)**

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**Date**