



# Credit Application

For Air \_\_\_\_\_, Ocean \_\_\_\_\_ or Air & Ocean \_\_\_\_\_ Shipments

DATE: \_\_\_\_\_ SALESPERSON: \_\_\_\_\_ ACCOUNT NAME: \_\_\_\_\_

Company Name: _____		
Contact Name: _____	Email address: _____	
Street Address: _____		
Mailing Address: _____		
Billing Address if different than mailing: _____		
City: _____	State: _____	Zip Code: _____
Telephone Number: ( ) -	Fax Number: ( ) -	
Federal I.D. Number: _____		Years in Business: _____
Type of Business: Freight Forwarder: _____, Shipper: _____, Customs Broker: _____, Other: _____		

Do you have another Corporation within this trade: Yes: \_\_\_\_\_, No: \_\_\_\_\_

If "yes", under what name? \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_, Telephone: ( ) - \_\_\_\_\_, Ext: \_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_

Have you ever filed for bankruptcy: Yes: \_\_\_\_\_, No: \_\_\_\_\_ If "yes", under what name? \_\_\_\_\_, Year: \_\_\_\_\_

Owner/Partner or Officers Name: \_\_\_\_\_ Home Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

### TRADE REFERENCES WITH COMPLETE ADDRESSES AND TELEPHONE NUMBERS

1 Name: _____	Account # _____	Contact: _____
Address: _____		Phone: ( ) - _____
City: _____, State: _____, Zip Code: _____		Fax No: ( ) - _____
2 Name: _____		
Account # _____		Contact: _____
Address: _____		Phone: ( ) - _____
City: _____, State: _____, Zip Code: _____		Fax No: ( ) - _____
3 Name: _____		
Account # _____		Contact: _____
Address: _____		Phone: ( ) - _____
City: _____, State: _____, Zip Code: _____		Fax No: ( ) - _____

### BANK REFERENCES (Please list address and account numbers)

1 Name: _____	2 Name: _____
Address: _____	Address: _____
City: _____, State: _____, Zip Code: _____	City: _____, State: _____, Zip Code: _____
Account # : _____	Account # : _____
Officer: _____	Officer: _____ Ext. #: _____
Phone: ( ) - Fax: ( ) -	Phone: ( ) - Fax: ( ) -

I/We the undersigned represent that the above information is true and correct as of the date thereof. I/We also agree that any falsification of information may result in the denial of credit by iTN Worldwide. My/Our signature(s) below give(s) iTN Worldwide permission to obtain business and/or personal credit information from the sources that iTN Worldwide deems necessary. I/We further acknowledge that the credit information obtained will be considered confidential by iTN Worldwide. I/We acknowledge that the terms on said contract are Net-30 days. I/We further agree to submit payment for all invoices, statements and air waybills according to the terms and conditions set forth by iTN Worldwide. And I/We further agree that a late fee of 1/5% will be assessed on all past due invoices, statements, bill of lading, and air waybills. I/We also agree that any expenses incurred by iTN Worldwide, in the collection of a debt, will be my/our responsibility. If the debt is referred to an attorney, I/we also agree to pay reasonable attorney's fees. I/we authorize my bank to release all pertinent information to the iTN Worldwide's representative.

Signature: \_\_\_\_\_  
*Authorized Company Officer (sign & print)*

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For use by iTN Worldwide Only**

Account #: \_\_\_\_\_

Amount of credit line: \$ \_\_\_\_\_

Terms: \_\_\_\_\_ Received by: \_\_\_\_\_

Approved by: \_\_\_\_\_