

**CREDIT APPLICATION**

Polimex Forwarding Sales Person:		<b>TYPE OF BUSINESS</b>	
<b>COMPANY INFORMATION</b>		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Parent Company:	
Company Name		<b>NATURE OF BUSINESS</b>	
Street Address		Date Established:	
City		<b>METHOD OF TRANSPORT</b>	
State/Province		<input type="checkbox"/> Export <input type="checkbox"/> Import	
Zip/Postal Code		<b>MODE OF TRANSPORT</b>	
Phone	Fax	<input type="checkbox"/> Air <input type="checkbox"/> Ocean	
Principal	Title	<b>SERVICE TYPE</b>	
Email Address		<input type="checkbox"/> FCL <input type="checkbox"/> LCL <input type="checkbox"/> Reefer <input type="checkbox"/> Full <input type="checkbox"/> Trucking	
<b>AMOUNT OF CREDIT REQUESTED</b>		<b>DESTINATION</b>	

<b>COMMERCIAL REFERENCE (required)</b>	<b>COMMERCIAL REFERENCE (required)</b>
Company Name	Company Name
Street Address	Street Address
City	City
State/Province	State/Province
Zip/Postal Code	Zip/Postal Code
Nature of Business	Nature of Business
Phone	Phone
Fax	Fax
Email Address	Email Address
<b>COMMERCIAL REFERENCE (required)</b>	<b>COMMERCIAL REFERENCE (optional)</b>
Company Name	Company Name
Street Address	Street Address
City	City
State/Province	State/Province
Zip/Postal Code	Zip/Postal Code
Nature of Business	Nature of Business
Phone	Phone
Fax	Fax
Email Address	Email Address

\*\*\*\*\*ALL INFORMATION IS REQUIRED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED \*\*\*\*\*

Please return it to us by Fax, Mail or E-mail to:

**Polimex Forwarding Corp./Polimex Warehousing**  
 Attn: Barbara Blocher, Fin.Mgr  
 27 Selby Road  
 Brampton, Ontario  
 L6W 1K5

Phone: 905-874-0666  
 Fax: 905-874-1665  
 Email: basiag@polimex.com

**CONTINUE ON NEXT PAGE**

**WE DO NOT EXTEND CREDIT ON PERSONAL EFFECTS**

**BANK REFERENCES**

Bank Name

Address

Officer

Account (s) No

Phone

Fax

Email Address

**BANK RELEASE, CONSENT AND GUARANTEE**

I hereby authorize Polimex Forwarding Corp./Polimex Warehousing to obtain any credit information required for the purpose of establishing a line of credit. It is understood and agreed that this is confidential information and is without liability on companies listed as a reference. It is further understood and agreed that in consideration of Polimex Forwarding Corp./Polimex Warehousing extending credit to the Company, the Company unconditionally guarantees payment of all amounts due to Polimex Forwarding Corp./Polimex Warehousing in accordance with credit terms, and interest of 2% monthly (24% annually) for past due amounts. Payments to third party shall not relieve the Company from liability to Polimex Forwarding Corp./Polimex Warehousing. I understand that not paying all outstanding debts either by invoice due date or when exceeding the credit limit may lead to cancellation of credit privileges without notice and all Company's goods being in transit (and documents relating to goods) or in storage shall be subject to a particular and general lien and right of detention for monies owing either in respect of such goods, or for any particular or general balance or other monies owed.

\_\_\_\_\_ Company Name ("Company")

\_\_\_\_\_ Name (Please Print)

\_\_\_\_\_ Date

\_\_\_\_\_ Authorized Signature

\_\_\_\_\_ Title

All transactions are in accordance with CIFFA's Standard Trading Conditions

**BANK USE ONLY**

Bank Name:			Account Since:			Account Type:				
<b>Average Balance:</b>			<b>Term Loan:</b>	Low	Medium	High	<b>Line of Credit:</b>	Low	Medium	High
Low	Medium	High	Authorized Limit:				Authorized Limit:			
			Owes:				L/C Utilization			
			Up to Date:	Secured:			As Agreed:	Secured:		
Account Experience:							NSF:			
Comments:										
Prepared By			Signature			Title		Date		

<b>PRINT</b>	Please use one of the following methods to submit your form: <b>FAX: (905) 874-1665</b> <b>EMAIL: basiag@polimex.com</b>
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