

NEW CLIENT - GENERAL ACCOUNT INFORMATION

GENERAL ACCOUNT APPLICATION												
Name of Company including DBA or Full Name of Individual (First, Middle, Last):												
Federal Tax ID / EIN / Social Security #:				Phone:					Fax:			
Company Type: Corp	LLP Partners			nip State of Incorporation			n:					
Sole Proprietorship	Date of	Date of Birth (for Individuals & Sole Proprietors):										
Current Broker/Forwarder:												
Your Physical Address:												
City:			State:		Zip Code:			Country (If not US):				
Billing Address (if different):												
City:			State:		Zip Code:			Country (If not US):				
OPERATIONS CONTACT												
First Name:				La	ast Naı	st Name:			Title:			
Phone:	Fax:				Email:							
ACCOUNTS PAYABLE CONTACT (if different from above)												
First Name: Last Name				ne:					Title:			
Phone:	Fax:				Email:							
If you would like to have your invoice and or statement automatically emailed to you, please provide your email address above and check the applicable box's:												
I acknowledge that unless a line of credit is established, payment to Columbia Distribution must be made in full via wire transfer prior to delivery/pick-up of cargo.												
The signature below confirms the applicant's receipt of, and agreement to Western Overseas Corporation's terms and conditions.												
Corporate Officer's Signature:										Date of Request:		
Name Printed: Title:												
FOR COLUMBIA DISTRIBUTION USE ONLY												
Employee Name:								Date of Request:				
Branch Code:	Dept. Co	Dept. Code: Rea				eason for Request: No			ew Change			
Mark all that apply:	Importer		Exporter		Ultimate Consignee Bill-to Only Agent						Agent	
Bill-To Code (if third party):					Client Code:							



Page 1 of 2, Terms and Conditions are located on page 2 of this document.

*This is a 2 page credit application. Both pages must be signed by a Corporate Officer in order for the application to be accepted and processed. *Please note that the General Account Application form must be completed prior to completing this application. *All fields must be completed. CREDIT APPLICATION Name of Company including DBA or Full Name of Individual (First, Middle, Last): Year Established: Number of Employees: A/P Contact Name: A/P Contact Tel#: A/P Contact Email: **Requested Credit Limit:** CFO / VP of Finance: Phone: Email: What charges will Western Overseas advance on your behalf? Freight Other Duty None **Exams** Referred to Western Overseas Corporation by: D & B Number: **CREDIT REQUIREMENTS** Other: **Annual Disbursements** Duty: Freight: Note: For privately held companies, any credit limit request exceeding \$50,000.00 must be accompanied by latest audited financial statements. **BANKING INFORMATION** Name of Bank: Name of Contact: Mailing Address: State: City: Zip: **Checking Account Number:** Phone: Fax: TRADE REFERENCES **Company Name:** Phone: Fax: Name of Contact: Email: **Company Name:** Phone: Fax: Name of Contact: Email: **Company Name:** Phone: Fax: Name of Contact: Email: I/We, the Customer, warrant the information contained herein to be true and correct in every respect. I/We undertake to notify Columbia Distribution Services in writing immediately of any change in this information. The Customer hereby declares that no checks will be issued in payment unless there are sufficient funds available and that such funds will remain available so that all check payments will be honored. I/We, the Customer, hereby agree that any alterations to the credit application or standard Terms and Conditions are null and void unless agreed to in writing and signed by two officers of Columbia Distribution Services. The signature below authorizes Columbia Distribution Services to obtain credit information and confirms the Customer's agreement to Columbia Distribution Services' terms and conditions. Financial Statement May Be requested. Corporate Officer's Signature: Date: Name Printed: Title: