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	Company Type: Corporation LLC				rtners	hip State of Incorporat			tion:		
Sole Proprietorship Individual Date of Birth (for Individuals & Sole Proprietors):											
Current Broker/Forwarder:											
Your Physical Address:											
City:	City:				Zip (Zip Code:			Country (If not US):		
Billing Address (if different):											
City:			State:	State:		Zip Code:			Country (If not US):		
OPERATIONS CONTACT											
First Name:	irst Name:				Last Name:				Title:		
Phone:	Fax: Email:				l:						
ACCOUNTS PAYABLE CONTACT (if different from above)											
First Name:	First Name: Last Name:					Title:					
Phone:	Fax: Email:				l:						
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:									Statement		
I acknowledge that unless a line of credit is established, payment to Western Overseas 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 WESTERN OVERSEAS USE ONLY											
Employee Name:						Date 6			of Request:		
Branch Code:	Dept. Co	Dept. Code: Reaso				on for Request: Ne			Change		
Mark all that apply:	Importer		Exporter	•	Ultimate Consignee Bill-to Only Age				Agent		
Bill-To Code (if third party):						Client Code:					

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

	oplication. Both pages must be signed be eral Account Application form must be eted.						be accepted and pr	ocessed.			
CREDIT APPLICATION											
Name of Company including DBA or Full Name of Individual (First, Middle, Last):						Year Established:					
					Numbe	Number of Employees:					
A/P Contact Name:					A/P Co	A/P Contact Tel#:					
A/P Contact Email:						Requested Credit Limit:					
CFO / VP of Finance:		Email:									
What charges will Wester	Freight Other			ner	Duty	None	Exams				
Referred to Western Ove			D & B Number:								
CREDIT REQUIREMENTS											
Annual Disbursements	Duty:		Other:	:							
Note: For privately held of	companies, any credit limit request exce	eding \$50,000	0.00 r	nust be accom	panied by I	atest aud	dited financial state	ments.			
BANKING INFORMATION											
Name of Bank: Name of Contact:											
Mailing Address:		•									
City:		State:			Zip:						
Checking Account Numb	er:			Phone:	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, warran	nt the information contained herein to be truching in this information.	ue and correct	in ev	ery respect. I/W	e undertake	to notify	Western Overseas (Corporation in			
The Customer hereby decl that all check payments will	ares that no checks will be issued in payme I be honored.	ent unless ther	re are	sufficient funds	available a	nd that su	uch funds will remain	available so			
	y agree that any alterations to the credit ap of Western Overseas Corporation.	plication or sta	andar	d Terms and Co	nditions are	null and	void unless agreed t	o in writing			
	rizes Western Overseas Corporation to obt anditions. Financial Statement May Be requ		matio	on and confirms	the Custom	er's agre	ement to Western O	/erseas			
I/We am/are duly authorize	d to sign this application on behalf of the C	Customer, and	confi	rm that I/We hav	e received a	a copy of	the Terms and Cond	ditions.			
Corporate Officer's Signature:					Date:						
Name Printed:					Title:						