



CREDIT APPLICATION AND AGREEMENT

Please email completed form to creditapp@pacificgroup.net or fax it to 604.531.3120

Mailing Address
#101 - 17637 1st Avenue
Surrey British Columbia
Canada V3S 9S1

Local Phone: 604.538.1566
Local Fax: 604.531.3120
Toll-Free Phone: 1.888.538.1566
Email: office@pacificgroup.net

CREDIT AMOUNTS REQUESTED

Pacific Customs Brokers Ltd. <i>International Trade Solutions</i>	Pacific Customs Brokers Inc. <i>International Trade Solutions</i>	PCB Highway Sufferance Warehouse
Net 15 Days \$	Net 15 Days \$	Net 30 Days \$

BASIC INFORMATION

Legal Company Name		Doing Business As		Year Established
Business Address			Business Type	<input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Proprietorship <input type="radio"/> Corporation
City	Province / State	Postal / Zip Code	Country	
Mailing Address (if different)				
City	Province / State	Postal / Zip Code	Country	
Telephone Number	Fax Number	Type of Business / Industry	Website	
Company Incorporation #	IRS / SS #	Canadian Business GST#/HST#	US Customs Bond #	

BANK INFORMATION

Bank Name		Address		City	
Province / State	Postal / Zip Code	Country	Telephone	Fax	
Contact Name			Contact Email		

The undersigned, representing the application (the "Company") has provided the foregoing information, intended to be true and correct for the purpose of obtaining credit from the "Lender", as defined in the terms and conditions found at <http://www.pcb.ca/ImportantLegalTerms>. The Company waives its rights under all provincial and/or federal privacy laws and hereby authorizes and requests each bank or trade reference listed herein to advise and freely express an opinion of its credit experience with the Company. The Company agrees that this form may be disclosed to those references. If credit is granted to the Company, by its authorized signatories, the Company agrees to be bound by and acknowledges having received a copy of all of the general terms and conditions of the Credit Agreement and Guarantee on or before the date of this application as contained on <http://www.pcb.ca/ImportantLegalTerms> or available upon request.

I/We in consideration of the Company receiving credit of which I/we am/are an Officer, Director or Authorized Signatory of the Company do hereby personally guarantee payment of all accounts of the Company. This is a continuing and irrevocable Guarantee and shall not be affected by any extensions of time for payment or other arrangements you make with the Company but shall be discharged by payments in full of all the Company's accounts. I/we hereby grant the Lender a security interest in all of my/our present and after acquired personal property, including the proceeds thereof, and by executing this instrument, acknowledges receipt of the within security agreement and hereby waives receipt of a financing statement pursuant to the Personal Property Security Act statute of British Columbia or other similar applicable provincial, state or federal legislation.

Interest of 24% per annum, 1.808% compounded monthly, will be charged on all overdue accounts. Amounts causing the credit limit to be exceeded are payable in advance. Complete terms are available at <http://www.pcb.ca/ImportantLegalTerms> or by request.

AUTHORIZATION

DATE AND SIGN HERE:	Dated on this	day of	20
	Authorized Signature		Authorized Signature
Print Name and Title (Director / Officer / Owner)		Print Name and Title (Director / Officer / Co-owner)	

ACCOUNT INFORMATION (if a corporation, attach notice of articles or annual return)

Owners, Partners, Officers, Directors

Additional Owners / Partners

Name of highest-level parent company

Incorporation number of parent or subsidiary

Create a credit account
for parent / subsidiary: Yes
 No

Invoices to be billed in:

 CAD
 USD

How did you hear about us?

Mode of Transport:

 Air
 Ocean
 Truck
 Other

If other, please specify:

Anticipated number of monthly shipments?

Current Canadian Customs Broker

Current USA Customs Broker

CONTACT INFORMATION

Customs Contact Name

Email

Telephone

Accounts Payable Name

Email

Telephone

TRADE REFERENCE 1

(Please provide information for three vendors with whom you do business, if requested separate forms will be provided)

Company Name

Address

City

Province / State

Postal / Zip Code

Country

Telephone

Fax

Contact Name

Contact Email

TRADE REFERENCE 2

Company Name

Address

City

Province / State

Postal / Zip Code

Country

Telephone

Fax

Contact Name

Contact Email

TRADE REFERENCE 3

Company Name

Address

City

Province / State

Postal / Zip Code

Country

Telephone

Fax

Contact Name

Contact Email

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