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|  **Logistics and brokerage open account application**  |
| Title: |
| Company name:  | EIN #:  | Annual Sales: |
| Phone: | Fax: | E-mail: |
| Registered company address: |
| City: | State: | ZIP Code: |
| Date business commenced: Type of business: |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| **Business and Credit Information** |
| Primary business address: |
| City: | State: | ZIP Code: |
| How long at current address? |
| Telephone: | Fax: | E-mail: |
| Bank name: |
| Bank address: | Phone: |
| City: | State: | ZIP Code: |
| Type of account: | Account number: |
| Savings |  |
| Checking |  |
| Other |  |
| **Business/trade references** |
| Company name:  |
| Address: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| Type of account: Start Date: Limit: |
| Company name: |
| Address: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| Type of account: Start Date: Limit: |
| Company name: |
| Address: |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| Type of account: Start Date: Limit: |
|  |
| Desired Credit Limit: Desired Terms: | Accounts Payable Contact: Phone: Email:  |
|  **Signatures** |
| Title:Date: | Title:Date: |
|  **Business Terms** |
| 1. The Applicant hereby authorizes the release of any credit information to any party in connection with this application. |
| 2. **DUTY** – The Everglory group does not extend credit to cover to import duties. Your approved credit amount and terms is for Logistic and Brokerage fees only. In the event you would like us to consider import duty credit, and are approved, we will add a 2% handling fee. We are able to assist your company if you would like to participate in Customs ACH automated electronic duty payments program. If you would like to request duty credit from Everglory please enter the average monthly amount below. |
| Average Monthly Duty Amount: |
| Please email or fax back to your sales Representative or Fax 617-567-5501 or email to adolfo.palermo@everglorylogistics.com |