



CREDIT APPLICATION

1280 Cheers St. Brownsville, TX. 78521 T. 956-548-03-11 www.bordercustoms.com

APPLICANT COMPANY INFORMATION:

Full Legal Business Name: _____ Date: _____

Address: _____
Street City, Providence or State Postal/Zip Code

Telephone number: _____ Fax: _____ How long in business: _____

SPECIFY OWNERSHIP: _____ Individual _____ Partnership _____ Corporation
If Sub-Chapter S or Corporation or Partnership, please list PRESIDENT OR PARTNERS:

Name/Title: _____ SS#: _____ Phone: _____

Name/Title: _____ SS#: _____ Phone: _____

TRADE REFERENCES:

Name: _____ Phone # _____ Fax # _____

Address: _____ Contact Name: _____

Name: _____ Phone # _____ Fax # _____

Address: _____ Contact Name: _____

Name: _____ Phone # _____ Fax # _____

Address: _____ Contact Name: _____

Are you now or have you ever filed for bankruptcy protection? _____ Yes _____ No

BANK INFORMATION:

Bank Name: _____

Address: _____

Street City, Providence or State Postal/Zip Code

Contact: _____ Phone # _____ Fax # _____

Savings Account Number: _____ Checking Account Number: _____

I (below signed) certify that the above information is true and correct to the best of my knowledge, and, furthermore, I realize my obligation to inform GLOFESA INC.BDA BORDER CUSTOMS SERVICES of any and all changes to the above information.

Signature/Title

Date

TERMS OF PAYMENT

On this date I have confirmed to GLOFESA INC. DBA BORDER CUSTOMS SERVICE that the correct address for billing charges is as follows:

Attn: _____ A/P Contact: _____
E-Mail Address: _____
Phone: _____ Fax: _____

PLEASE READ CAREFULLY: Please list the special requirements and/or attachments required by you to be included on/or with GLOFESA INC. DBA BORDER CUSTOMS SERVICE invoices:

I have been advised on the date shown below GLOFESA INC. DBA BORDER CUSTOMS SERVICE standard credit terms are payment in full prior to release/delivery of cargo until credit has been established at which your account will be reviewed and terms may change and you will be notified of such changes.

I, the undersigned, certify the information on this Terms of Payment form is true and correct to the best of my knowledge and furthermore realize my obligation to inform GLOFESA INC. DBA BORDER CUSTOMS of any and all changes in the above information.

I also understand GLOFESA INC. DBA BORDER CUSTOMS payment terms are payment in full prior to release/delivery of cargo. I have advised GLOFESA INC. DBA BORDER CUSTOMS that we can and will comply with these payment terms. In the event of non-payment, I consent to the exclusive jurisdiction of the United States District Court for the Southern District of Texas regarding any litigation between the parties and that in such litigation, GLOFESA INC.DBA BORDER CUSTOMS SERVICE will be entitled to recover its legal expenses, reasonable attorney’s fees and costs of suit, pre-judgment and post judgment.

I, _____, have read and agree to the attached TERMS OF PAY for Glofesa Inc. DBA Border Customs Service and agree to those terms.

I, the undersigned, understand that Glofesa Inc. DBA Border Customs Service utilizes the National Customs Brokers & Freight Forwarders Association of America, Inc.’s Standard Terms and Conditions, and agree to accept those terms and conditions.

SIGNATURE OF OFFICER/ AUTHORIZED AGENT (REQUIRED) DATE

PRINTED NAME OF ABOVE: _____