



NEW CLIENT INFORMATION WITH CREDIT APPLICATION

Pages 1 of 3

Legal Bu	siness Name:		Tra	de Name(s)	:				
Nature o	f business:								
Mailing Address:									
No. Physical	Address (if differ	Street			City		State	Zip	
Thysical									
No.		Street			City		State	Zip	
Tel:		Fa	x:						
Website:	_	. —			Emai				
		ation Proprietorsh	nip 🗌 Pa	artnership					
Year business established: Dun & Bradstreet No., if listed:									
IRS or SS Number:									
US Custo	oms Bond Numb	er:					gistration		
FDA Reg	istration Numbe	r:			Is this co	ompany	C-TPAT certified? Yes	No	
For Cana	adian companies,	, CRA Number:				RM (i.e.,	0001)		
Principal	s, Officers, Partr	ners and/or Owners							
Name:			Title:			Т	el:		
	(first)	(last)							
Name:			Title:			T	el:		
	(first)	(last)							
Name:			Title:			T	el:		
	(first)	(last)							
	Information		. /						
		mated volume of impo	orts/expor	ts. Attach de			e, rulings, HS tariff inform	mation, if available.)	
Product type:						mated vo			
Product type:			Estimated volume:						
Product type:				Estimated volume:					
Expected monthly import/export volume in dollars: \$ Monthly disbursement in duty/tax: \$									
Import/E	Export Contact:	(first)		(last)	Emai	il:			
Account	s Contact:	(IIISC)		(ldst)	Emai	; .			
Account		(first)		(last)	Lina				
Request									
Special instructions:									





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Bank Informati	on:					
Bank Name:						
Address:						
No.	Street	City	State	Zip		
Mailing Address	s (if different than above):					
No.	Street	City	State	Zip		
Contact:	Tel:	Fax:	Email:			
First Account N	lo.:	Second Account No.:				
Trade Reference	es (3 are required)					
Provide names	of suppliers who currently extend cred	lit to your company (local refe	rences preferred)			
Company:						
Email:	Telephone:					
Address:						
No.	Street	City	State	Zip		
	Street		State	Ζip		
Company:		Contact person:				
Email:		Telephone:				
Address:						
N -	Church	City	Charles	7:		
No.	Street	City	State	Zip		
Company: Contact pers						
Email:		Telephone:				
Address:						
No.	Street	City	State	Zip		

Credit Agreement and Terms

The undersigned ("Client") has provided the foregoing information, intended to be true and correct, to PMK International LLC for the purpose of obtaining credit from PMK International LLC and/or its associated companies, successors and assigns. In this connection, the Client hereby authorizes and requests each bank or trade reference listed herein to advise PMK International LLC or its agent of its credit experience with Client and to express an opinion with respect to same. Further, Client agrees that PMK International LLC may obtain personal credit reports with respect to its principals, officers,partners and/or owners. Client acknowledges that PMK International LLC will, at its sole discretion, grant or deny credit with respect to any transaction and establish the terms and conditions under which credit may be granted. If credit is extended, Client agrees to pay invoices in accordance with the terms and conditions set out by PMK International LLC and further agrees to pay any and all costs of collection.

All business is conducted in accordance with the Terms and Conditions adopted by the National Customs Brokers & Forwarders Association of America.

All invoices are due upon receipt. Please ask us about CBP direct payment options and terms.





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Signed this	day of		, 20	at	(Municipality)	(State)	
By: X					(to topony)		
~	(Authorized Signature)				(Title)		
For office use		t name)			(Business nam	10)	
	.,						
Approved by:	(First)	(Last)			(Title)	(Date)	
Account rep:							
	(First)	(Last)			(Title)	(Date)	
Account No.:				Credi	t limit:		