



CUSTOMER PROFILE AND APPLICATION

[] New [] Change [] Reactivate

Date: _____ Account#: _____ Sales Reps Initials: _____

Company Name: _____

Pickup Address: _____

City, State, Zip: _____

Billing Address: _____

City, State, Zip: _____

Telephone/Website: _____

Contact/Title/E-Mail: Telephone Number Fax Number Website Name Title E-Mail Address

COMPANY INFORMATION

Type of Business: Corporation _____ Partnership _____ Proprietorship _____ Personal _____

Nature of Business: _____ Years in Business: _____

Federal Tax ID Number: _____ State Incorporated: _____

Dunns Number: _____ Number of Employees _____

Will branches be included? Yes _____ No _____ If yes, please provide list of branches.

FINANCIAL DATA

Estimated Annual Business with IBC: \$ _____ Net Worth _____

Line of Credit Requested: \$ _____ Company Annual Sales _____

Please attach Financial Statements (last two fiscal years) or Annual Report

CORPORATE OFFICERS/OWNER

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Person to contact regarding financial matters: Name Title E-Mail Address

BANK REFERENCE

Bank Name Bank Officer Telephone No.

Address City State Zip

Bank Account Number

--CONFIDENTIAL--



CREDIT REFERENCES

(1) _____

Name	Officer	Telephone	Fax #
Address	City	State	Zip
Account Number			

(2) _____

Name	Officer	Telephone	Fax #
Address	City	State	Zip
Account Number			

(3) _____

Name	Officer	Telephone	Fax #
Address	City	State	Zip
Account Number			

INTERNATIONAL BONDED COURIERS INC. APPROVED CREDIT TERMS

Terms are net 30 days from billing. Invoices are subject to a service charge of 1 1/2% per month on invoices not paid according to terms. Credit privileges subject to immediate suspension or revocation if any disputed invoices are not paid within 30 days of the billing, or if balance due at any time exceeds IBC approved credit limits. If this account is placed or given to any attorney for collection, applicant shall pay IBC for court costs and reasonable attorney's fees in addition to other amounts due. Reasonable attorney's fees shall not be less than 25% of all amounts due.

The undersigned certifies that all information shown on this application to be true. I/we Authorize IBC, to whom this application is submitted, to investigate the references, statements or other data obtained from me/us or from any other source pertaining to our credit and financial responsibility.

The undersigned further agrees to the above credit terms and such terms and conditions as are set forth in IBC's air waybill and its published tariff.

Date _____ By _____
 Firm _____ Signature _____
 Print Name/Title _____

Please return Completed Application and Financial Statements/Annual Report to:
International Bonded Couriers, Inc.
1403 4th Avenue
New Hyde Park, NY 11040-5544
Telephone: 516-672-8200
Fax Number: 516-627-8262

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

CREDIT APPROVAL

Amount: \$ _____ Date : _____ Approving Signature: _____
 Originating Station: _____ Contact Person: _____
 Comments: _____

To prevent delay in processing your application, please be sure all lines are completed.

