



**TRADE REFERENCES**

(1) \_\_\_\_\_  
 Name \_\_\_\_\_ Officer \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_  
 Account Number \_\_\_\_\_

(2) \_\_\_\_\_  
 Name \_\_\_\_\_ Officer \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_  
 Account Number \_\_\_\_\_

(3) \_\_\_\_\_  
 Name \_\_\_\_\_ Officer \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 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 \_\_\_\_\_  
 \_\_\_\_\_ Signature \_\_\_\_\_  
 Firm \_\_\_\_\_  
 \_\_\_\_\_ Print Name/Title \_\_\_\_\_

Please return Completed Application and Financial Statements/Annual Report to:  
International Bonded Couriers, Inc.  
3333 New Hyde Park Road, Suite 300  
New Hyde Park, NY 11042-1205

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.*