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Royal Customs Brokers
Application for Credit

Company Information

Name of Company _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____
 Type of Company _____ Corporation _____ Partnership _____ Proprietorship
 Type of Business _____ Brokerage _____ Motor Carrier _____ Manufacturer _____ Other
 In Business Since _____ EIN _____ C-TPAT _____ SVI# _____

Company Principal

Principal Owner _____ SS Number _____ Address _____
 City _____ State / Zip _____ Phone _____

Bank Reference

Name of Bank _____ Name to Contact _____
 Address _____ Title _____
 Checking Account # _____ Phone # _____

Credit References {3 Required}

Name 1	Address	City	State/Zip
_____	_____	_____	_____
Contact Name	Phone Number	Fax Number	
_____	_____	_____	
Name 2	Address	City	State/Zip
_____	_____	_____	_____
Contact Name	Phone Number	Fax Number	
_____	_____	_____	
Name 3	Address	City	State/Zip
_____	_____	_____	_____
Contact Name	Phone Number	Fax Number	
_____	_____	_____	

The undersigned (Applicant) hereby authorizes **Speed Global Services** to obtain credit information from sources provided on this application. The Applicant further authorizes these credit sources and bank reference(s) listed on this application to provide information necessary to assist the Company in establishing a line of credit with the Applicant. All new accounts will be on a C.O.D. or prepaid basis until a line of credit has been approved by the credit department of the Company. A limited line of credit may be temporarily granted by the credit department prior to a formal credit application.

The Applicant agrees that any discounts afforded him by the Company will be voided in the event the terms of payment of the Companies invoices are not met by Applicant within a period of ninety (90) days.

The Applicant agrees that in the event its account is placed in the hands of a collection agency or attorney, it will pay all collection costs and expenses incurred by the Company, including, but not limited to all of its reasonable attorney fees in connection with the collection of the account. Applicant agrees that any litigation involving or affecting this Agreement shall be in the Federal or State Courts located in Erie County, New York and that New York law shall govern the interpretation and enforcement of this Agreement. If Applicant is a corporation, the undersigned is authorized on its behalf.

Applicant Name (Printed or Typed) _____ Title _____
 Signature _____ Date _____