



# ALLPORTS

5933 NE Win Sivers Drive, Suite 301  
Portland, Oregon 97220  
503-242-1201 / F: 503-242-1712  
FMC-3132F www.allports.com

## CUSTOMER INFORMATION

Please provide the following information about your firm. We will utilize the National Association of Credit Management – Oregon Secretary of State Business Registry to obtain verification and information. Under no circumstances is the obtained information to be shared with other trading partners, except though NACM-Oregon. On that basis, only on a past experience and completed transaction information.

REGISTERED FIRM NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-MAIL-ADDRESS \_\_\_\_\_

Individual       Partnership       Corporation       Sole Proprietorship       Limited Liability Company

Federal Tax or Identification Number or SSN \_\_\_\_\_

Year Business Established \_\_\_\_\_ Telephone (\_\_\_\_)-\_\_\_\_\_ Facsimile (\_\_\_\_)-\_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ E-mail Address \_\_\_\_\_

### OWNERSHIP

Name of Principals / Owners \_\_\_\_\_ (include percentage of Ownership) \_\_\_\_\_

### FINANCIAL INSTITUTION REFERENCE:

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Bank Officer \_\_\_\_\_ Telephone (\_\_\_\_)-\_\_\_\_\_

### TRADE REFERENCES

#1. NAME \_\_\_\_\_ Telephone (\_\_\_\_)-\_\_\_\_\_

ADDRESS \_\_\_\_\_ Facsimile (\_\_\_\_)-\_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

#2. NAME \_\_\_\_\_ Telephone (\_\_\_\_)-\_\_\_\_\_

ADDRESS \_\_\_\_\_ Facsimile (\_\_\_\_)-\_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

#3. NAME \_\_\_\_\_ Telephone (\_\_\_\_)-\_\_\_\_\_

ADDRESS \_\_\_\_\_ Facsimile (\_\_\_\_)-\_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

The Company hereby authorizes the above trade references and bank(s) to release all information requested. It is understood that all information will be kept confidential. Credit Applicant's signature attest financial responsibility, ability and willingness to pay invoices in accordance with published terms and conditions for Ocean Transport Intermediaries and Air Freight Forwarding as set forth by the National Association of Customs House Brokers and Freight Forwarders. INVOICES ARE DUE ON RECEIPT. CUSTOMER AGREES TO PAYMENT OBLIGATIONS OF DUE ON RECEIPT OF INVOICE.

Authorized Signature \_\_\_\_\_ DATE \_\_\_\_\_

Printed Name and Title \_\_\_\_\_