



ALLPORTS

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Portland, Oregon 97220
503-251-9109 / F: 503-251-9105
CHB 21603 www.allports.com



CUSTOMER INFORMATION

Please provide the following information about your firm. We will utilize 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 _____