

## **CUSTOMER PROFILE AND APPLICATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### **COMPANY INFORMATION**

Type of Business: \_\_\_\_\_ Nature of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

National Tax Number: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_

### **FINANCIAL DATA**

Estimated Annual Business with ESS: \_\_\_\_\_

Net Worth Rs. \_\_\_\_\_

Line of Credit Requested: \_\_\_\_\_

### **CORPORATE OFFICERS/OWNER**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Person to contact regarding financial matters: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### **BANK REFERENCE**

Bank Name \_\_\_\_\_ Bank Officer \_\_\_\_\_ Telephone No. \_\_\_\_\_

--CONFIDENTIAL--

CREDIT REFERENCES

(1) Company Name \_\_\_\_\_ Officer \_\_\_\_\_ Contact Number \_\_\_\_\_

(2) Company Name \_\_\_\_\_ Officer \_\_\_\_\_ Contact Number \_\_\_\_\_

**EXPEDITE SHIPPING SOLUTIONS, APPROVED CREDIT TERMS**

Terms are net 07 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 *ESS* approved credit limits. If this account is placed or given to any attorney for collection, applicant shall pay *ESS* 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 *ESS*, 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 *ESS*'s air waybill and its published tariff.

Date \_\_\_\_\_ By \_\_\_\_\_

Firm \_\_\_\_\_ Print Name/Title \_\_\_\_\_

**Please return Completed Application to:**

*Expedite Shipping Solutions (ESS)*

387 A1, Gulberg III, Lahore, Pakistan

Tel: +92-42-3575 3654-55

**DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY**

**CREDIT APPROVAL**

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Approving Signature: \_\_\_\_\_

Assigned account Number: \_\_\_\_\_

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