

**THE PORT GROUP**  
**PORT BROKERS INC./PORT AIR CARGO INTL. CORP. / PORT FORWARDING INC.**  
**Credit Application**

This application is submitted to PORT GROUP (PG) to request PG to extend or continue credit to Applicant. The Applicant agrees that if any credit is extended, it shall be on the terms and conditions set forth below:

1. **BINDING AGREEMENT.** Applicant agrees that as to any credit that may be extended, this Application will constitute a binding agreement (“Agreement”) between Applicant and PG.
2. **TO SECURE PAYMENT** on the advance of customs duties, we agree to grant a security interest to THE PORT GROUP in the goods imported and any proceeds received thereon. We further represent that these goods are not subject to any other security interest.
3. **PAYMENT WITHIN 30 DAYS REQUIRED.** Applicant shall repay PG the full amount of any credit extended within thirty (30) days from date of invoice. Accounts remaining unpaid after thirty (30) days will be subject to a service or interest charge equal to the maximum legal rate permitted by law, as well as all collection fees and costs, including but not limited to attorney’s fees.
4. **RELEASE OF INFORMATION.** Applicant hereby authorizes the release of any credit information in connection with this application.
5. **REFUSAL OF CREDIT.** PG reserves the right at any time at its sole discretion to refuse to extend any credit to client as well as reduce, limit, or terminate any credit previously extended.
6. **DUTY PAYMENT.** We recommend direct payment to US Customs by client to avoid Disbursement Fee assessment by PG on Duty Amount, when advanced by PG.

Company Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Corporation    \_\_\_\_\_ General Partnership    \_\_\_\_\_ Sole Proprietor    \_\_\_\_\_ Limited Partnership  
 \_\_\_\_\_ Division/Subsidiary (If so, name of Parent Company \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_ State \_\_\_\_\_  
 Duns # \_\_\_\_\_ IRS/Fed. ID# \_\_\_\_\_  
 All Owners, Partners or Officers    Title    Reference Address  
 \_\_\_\_\_  
 \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch Address: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Acct. # \_\_\_\_\_ Type: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Amt. Requested: \_\_\_\_\_

**Commercial Credit References:**  
 Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned certifies that he/she is authorized to sign on behalf of client that the above information is true and correct, and the undersigned has read, understands and agrees to all of the terms and conditions contained herein.  
 Authorized Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_