



**PREFERRED SERVICE  
CUSTOMS BROKERS**

115 - 5980 Miller Road  
Richmond, BC, Canada V7B 1K2  
Phone: 604-270-6607 - Fax: 604-270-8983

Email: [accounting@preferredservice.ca](mailto:accounting@preferredservice.ca)

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## **APPLICATION FOR CREDIT**

Corporations's legal name: \_\_\_\_\_

Doing business as: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing address: (leave blank if same) \_\_\_\_\_

Head office Address: (leave blank if same) \_\_\_\_\_

Phone of head office: (leave blank if same) \_\_\_\_\_

Preferred currency of invoices:           CAD                                   USD  
Recieve invoices via:                    Email                                   Mail

Type of business(what do you do): \_\_\_\_\_ Years in business: \_\_\_\_\_

Accounts payable contact: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of monthly credit you are applying for: (Required) \_\_\_\_\_

**NOTE: If in business less than five years, a personal guarantee must be provided.**

(Check one)   Corporation:                   Proprietorship:                   Partnership:

### **CORPORATION'S DIRECTORS/OFFICERS/PRINCIPALS**

Name 1: \_\_\_\_\_ Title: \_\_\_\_\_

Name 2: \_\_\_\_\_ Title: \_\_\_\_\_

Name 3: \_\_\_\_\_ Title: \_\_\_\_\_

### **BANKING DETAILS**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ PostalCode: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_



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**CREDIT REFERENCES**

Company name: \_\_\_\_\_ Account # \_\_\_\_\_  
 City: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

Company name: \_\_\_\_\_ Account # \_\_\_\_\_  
 City: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

Company name: \_\_\_\_\_ Account # \_\_\_\_\_  
 City: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

**CREDIT TERMS**

- All payments must be received within 21 days from date of invoice. Any special terms must be requested and approved in writing. Finance charges on overdue accounts are 5% per month (60% per annum)
  - All new accounts shall be placed on C.O.D. until credit terms are established.
  - C.O.D. accounts may be subject to additional handling fees.
  - Overdue accounts may be placed on hold at the discretion of PSCB until the account is brought up to date, unless prior arrangements have been made.
- I/We apply to you for the supply of services with this application for credit being made. I/We will jointly and severally indemnify you, and see you paid for your account with respect to any order now or hereafter by any of us. I/We further agree to pay your account within your credit terms as stated above and consent to you obtaining a credit report containing personal and/or credit information with respect to this transaction.

\_\_\_\_\_  
 Name Title Date Authorized signature

**PERSONAL GUARANTEE**

The undersigned (the "Guarantor"), in consideration for PSCB accepting the Applicant's application for credit and supplying services to the Applicant on credit, hereby jointly and severally guarantees the full and prompt payment of all indebtedness of the Applicant to PSCB arising from the provision of services by PSCB to the Applicant. This guarantee shall not be affected by any change in the terms of service of PSCB, change in the amount of credit extended or change in the terms of repayment of the indebtedness. Notice of the acceptance of this guarantee, extension of credit, and any right or demand to proceed against the Applicant is hereby waived. This guarantee shall be a continuing and irrevocable guarantee, and shall apply to and secure all obligations and liabilities owing by or payable by the Applicant to PSCB, including all costs and expenses of PSCB incurred in enforcing payment against the Applicant and the Guarantor. PSCB shall not be bound to exhaust its remedies and recourse against the Applicant before being entitled to payment by the Guarantor of the debts and liabilities guaranteed and the Guarantor shall pay any amount claimed by PSCB immediately upon written demand, which demand shall be effective upon PSCB posting demand to the address of the Guarantor last known to PSCB.

Guarantor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date: \_\_\_\_\_