

Client Profile & Credit Application

U.S. Brokerage



Business Unit	<input type="checkbox"/> GL	<input type="checkbox"/> LI,I	<input type="checkbox"/> PBB
Account Type Select appropriate box(es)	<input type="checkbox"/> Northern Border <input type="checkbox"/> Air/Ocean <input type="checkbox"/> Remote Location Filing	<input type="checkbox"/> Southern Border <input type="checkbox"/> Exports	<input type="checkbox"/> Reconciliation <input type="checkbox"/> Freight Account
Account Manager:	U.S. Client Service Manager:		
AM Rep Code:	CSM Rep Code:		
Client and Contact Information - <i>This section is designed to help us set up your account. It provides us with information about the correct contacts, phone numbers, and addresses. Please complete the sections that apply.</i>			
Company Information			
Name of Importer:	IRS or Customs Assigned #:	D & B#:	
Customs Bond#:	Industry Code(SIC):	ACE ID#:	FDA Registration#:
Importer's Physical Address		Mailing/Billing Address (if different from importer address)	
Street:		Company Name:	
City:		Street:	
State/Province:	City:	State/Province:	City:
Country:	Zip/Postal:	Country:	Zip/Postal:
Phone:	Fax:	Phone:	Fax:
Name of Parent Company (if applicable):	Relationship to Parent <input type="checkbox"/> Subsidiary _____ % <input type="checkbox"/> Division	Parent Code:	
		Same as Code	
Contact Information			
Contact Name:	Title:	Email:	
	Type: <input type="checkbox"/> GPI <input type="checkbox"/> IFF <input type="checkbox"/> Truck Freight		
Phone:	Fax:	Language: <input type="checkbox"/> English <input type="checkbox"/> French	
Contact Name:	Title:	Email:	
	Type: <input type="checkbox"/> GPI <input type="checkbox"/> IFF <input type="checkbox"/> Truck Freight		
Phone:	Fax:	Language: <input type="checkbox"/> English <input type="checkbox"/> French	
Contact Name:	Title:	Email:	
	Type: <input type="checkbox"/> GPI <input type="checkbox"/> IFF <input type="checkbox"/> Truck Freight		
Phone:	Fax:	Language: <input type="checkbox"/> English <input type="checkbox"/> French	

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Payment Options - Please select the appropriate option(s) and the manner in which you will remit payment for brokerage services and duties and taxes associated with your shipments.			
Payment for Brokerage Services <input type="checkbox"/> US Funds <input type="checkbox"/> Canadian Funds (Note: Canadian funds not an option with Great Lakes)		Remittance of Import Duties and Taxes	
<input type="checkbox"/> Transactional Invoice – Invoice issued by Livingston for every transaction or service provided		<input type="checkbox"/> Transactional Invoice for duty and taxes – Brokerage invoice issued to indicated billing party	
<input type="checkbox"/> Cash or Credit Card – Paid at the time of service		<input type="checkbox"/> Cash	
<input type="checkbox"/> Electronic Funds Transfer (EFT)		<input type="checkbox"/> Periodic Monthly Statement	
Summary Billing - (Approval required for less than 1, 200 and more transactions annually). <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly		<input type="checkbox"/> Automated Clearing House (ACH) – Direct payment to U.S. Customs ACH Payer Unit #:	
Credit Information Please complete the following information in order to establish credit			
Annual Transactions:		Annual Duty Disbursement:	Annual Freight Disbursement:
Years in Business:		Number of Employees:	Credit Limit Requested:
Directors, Officers or Shareholders (list 2)			
Name:		Title:	Telephone:
Name:		Title:	Telephone:
Banking Information This document must be signed by an officer of your company to authorize release of credit and bank information			
Bank Name:	Branch #:	Institution #:	Account #:
Street:	City:	State/Province:	Zip/Postal Code:
Contact Name:	Telephone:	Fax:	ABA # (US):
<input type="checkbox"/> Authorization to Release Banking Information - The above information is complete and correct in all respects and I/we agree with the payment options above. The undersigned hereby consents to Livingston International, Inc. obtaining from any credit reporting agency or credit grantor such information as Livingston International, Inc. may require at any time in connection with the credit hereby applied for and consents to the disclosure or exchange at any time, or from time to time of any information concerning the undersigned to any credit reporting agency or grantor with which Livingston International, Inc. deals. Unless otherwise indicated above, the undersigned hereby authorizes each of the above named bank and trade references to furnish to Livingston International, Inc. upon its request, such credit and financial information with respect to the undersigned as Livingston International, Inc. may require.			
<input type="checkbox"/> Pre-authorized Debit Plan Agreement (Summary Billing Only) - We hereby authorize Livingston International Inc. ("Livingston") to withdraw varying amounts, based on the Summary Billing selection, in U.S or Canadian dollars from our bank account (as appropriate) identified above, to pay the total balance due to Livingston subject to our agreed-to terms of payment from date of invoice. This includes all amounts owing by us to the U.S. Customs and Border Protection Bureau (CBP), the U.S. Treasury (Customs), Livingston, and third parties, if any. A summary invoice will be faxed or emailed to our designated representative by Livingston two working days prior to withdrawal / debit. This summary invoice will include all transactions that have taken place during the appropriate billing cycle. We will ensure that the total balance owing on Livingston's summary invoice will be available in our bank account for the fund transfer to be completed. We agree to advise Livingston of any change in the above banking information which may affect this agreement.			
Finance Contact:		Title:	
Signature:		Date:	
Internal Use Only (completed by Bank as required)			
# of Years with Bank:		Date of Last Credit Review:	Line of Credit Range:
Percentage Usage:	Average Balance:	Term Loan / Deposit Range:	Signature / Stamp: