SEKO WORLDWIDE
1100 Arlington Heights Road
Itasca, IL 60143
Telephone: 630-919-4800
Toll Free: 800-323-8516
Facsimile: 630-773-9608

Credit Application

Name: _____ Phone: _____

Address: _____ Fax: _____

(Street)

_____ Duns _____

_____ EIN _____

City State Zip Code

Person to Contact Regarding Account: _____ Title: _____

Type of Business: _____ Date Established: _____

How Long In Business: _____

Trade References: (Name suppliers of major products and services)

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

Contact: _____ Contact: _____

Bank Reference: Checking ☐ Loan ☐ Savings ☐

Name: _____ _____

Address: _____ Account # _____

_____ Contact: _____

Ownership: Corporation Partnership Sole Owner

C-TPAT Certified Yes ☐ No ☐ IF YES, SVI # _____

By signing this form Customer agrees to be bound by the Terms and Conditions of Service of carriage as contained on the SEKO Worldwide website at http://www.sekologistics.com/terms-conditions/. Also, customer agrees to pay any amounts incurred to collect any delinquent balance, including reasonable attorney's fees. Payment terms are net fifteen (15) days upon receipt of invoice. The undersigned as an inducement to grant credit warrants that the information submitted is true & correct. SEKO Worldwide is authorized to investigate the credit and bank references above.

Principal: _____

(Name) (Date) (Title)

OFFICE USE ONLY: Import_____Export_____Air _____Ocean_____Est Shipments per mo/wk_____
Est Outlays_____Est Revenue_____Credit line Est_____