



LCS Customs Brokers Inc. CUSTOMS CREDIT APPLICATION

Toll Free
1-888-809-8888
Fax
905-850-9242

YOUR INFORMATION

[PRINT FORM](#)

DATE: _____ TYPE OF BUSINESS: _____

COMPANY NAME: _____

BILLING ADDRESS: _____

PHYSICAL ADDRESS: _____
(IF DIFFERENT FROM BILLING ADDRESS)

TEL #: _____ FAX #: _____

IMPORTER NUMBER: _____ RM _____ YEARS IN BUSINESS: _____

BANK INFORMATION

NAME OF BANK _____

TEL #: _____ CONTACT: _____

ACCT #: _____ ADDRESS: _____

TRADE REFERENCES

(Companies that you are presently doing business with)

COMPANY NAME: _____	PHONE: _____
CONTACT: _____	FAX: _____
COMPANY NAME: _____	PHONE: _____
CONTACT: _____	FAX: _____
COMPANY NAME: _____	PHONE: _____
CONTACT: _____	FAX: _____
COMPANY NAME: _____	PHONE: _____
CONTACT: _____	FAX: _____

CREDIT AMOUNT REQUIRED:

The customer agrees to pay all freight charges within 30 days from invoice date. It is understood that 3% interest per month will be charged on all overdue accounts.

CREDIT REQUESTED BY: _____ TITLE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

HEAD OFFICE ADDRESS: 285 Jevlan Drive, 2nd Floor, Woodbridge ON, CANADA L4L 8G6

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