

IMPORTER APPLICATION GT BROKERS CORP.



PO BOX 523835
 MIAMI, FL 33152-3835
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 Email: info@gtbrokers.com

Please complete this application and fax it over to (305) 629-9242 or email it to info@gtbrokers.com
 A power of attorney and waiver of bill will be issued using the information provided in the application.

1. Company Information

COMPANY LEGAL NAME OR INDIVIDUAL NAME (LAST, FIRST, MIDDLE)			
DBA (If use another trade name)			
IRS FEDERAL ID (FEI NUMBER)		SOCIAL SECURITY NUMBER (FOR INDIVIDUALS ONLY)	
LEGAL STRUCTURE (i.e. CORP, LLC, PARTNERSHIP) (FOR COMPANIES ONL		STATE OF INCORPORATION (FOR COMPANIES ONLY)	
COMPANY IS A C-TPAT PARTICIPANT? (YES/NO)		IF ASSIGNED BY CBP PROVIDE PAYER UNIT NUMBER (PUN)	
ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
PHONE NUMBER	FAX NUMBER		CELL NUMBER
WEB PAGE		E-MAIL ADDRESS	

Principal Information

NAME OF THE PRINCIPAL (Officer of the Corporation or authorized by an officer of the corporation. GT Brokers require a statement to that effect).		
TITLE (i.e. PRESIDENT, SECRETARY, ETC.)	PHONE NUMBER	CELL NUMBER
EMAIL ADDRESS		FAX NUMBER

Logistics Contact Information

NAME		
TITLE	PHONE NUMBER	CELL NUMBER
EMAIL ADDRESS		FAX NUMBER

2. Credit Information

Trade References

COMPANY NAME 1	COMPANY NAME 2	COMPANY NAME 3
CONTACT NAME	CONTACT NAME	CONTACT NAME
ADRESS	ADRESS	ADRESS
ACCOUNT OPENED SINCE	ACCOUNT OPENED SINCE	ACCOUNT OPENED SINCE
CREDIT LIMIT	CREDIT LIMIT	CREDIT LIMIT
CURRENT BALANCE	CURRENT BALANCE	CURRENT BALANCE

Bank References

INSTITUTION NAME	CONTACT NAME	
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
CHECKING ACCOUNT	SAVINGS ACCOUNT	

Accounting Contact Information

NAME		
TITLE	PHONE NUMBER	CELL NUMBER
EMAIL ADDRESS		FAX NUMBER

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

NAME _____ SIGNATURE _____

TITLE _____ DATE _____