



Credit Application

Mailing Address:

Globalink Worldwide Express, Ltd.
 P.O. Box 896
 Kings Park, NY 11754
 T. (212) 627-9700 ext 204

Fax:

(212) 627-3050
 Credit & Billing Department

Complete and sign the application. Please type or print legibly.

COMPANY NAME		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP		D&B NUMBER / RATING	
ADDRESS -STREET	CITY	STATE	ZIP CODE		
BILLING ADDRESS	CITY	STATE	ZIP CODE		
DEPARTMENT , NAME AND TITLE OF INDIVIDUAL TO CONTACT REGARDING GLOBALINK'S BILLINGS		PHONE NUMBER	FAX NUMBER		
PARENT COMPANY NAME / ADDRESS / CITY / STATE / ZIP CODE		COMPANY'S RELATIONSHIP TO PARENT COMPANY	<input type="checkbox"/> DIVISION <input type="checkbox"/> BRANCH OFFICE <input type="checkbox"/> SUB SIDIARY <input type="checkbox"/> OTHER (EXPLAIN)		
TYPE OF BUSINESS / COMMODITY SHIPPED	IN BUSINESS SINCE	PLANNED AMOUNT OF MONTHLY BUSINESS ON GLOBALINK \$			
OWNERS / PARTNERS / OFFICERS					
NAME / TITLE	HOME ADDRESS	CITY	STATE	ZIP CODE	
1)					
2)					
BANK REFERENCE					
NAME	ADDRESS	CITY	STATE	ZIP CODE	ACCT # FAX #
TRADE REFERENCES					
NAME	ADDRESS	CITY	STATE	ZIP CODE	ACCT # FAX #
NAME	ADDRESS	CITY	STATE	ZIP CODE	ACCT # FAX #
NAME	ADDRESS	CITY	STATE	ZIP CODE	ACCT # FAX #
CREDIT TERMS & CONDITIONS					
<p>This account has been established for use by the applicant only. Authorization to other parties for account usage is expressly prohibited. The applicant is liable for all charges on the referenced account.</p> <p>Credit terms are net 10 days from invoice date. Failure to comply with credit terms and to maintain your account on a current basis will result in cancellation of credit without further notice.</p> <p>If you feel your billing is in error, remittance is expected for what you deem to be the correct charge. A detailed explanation as to the reason for short payment, along with a copy of applicable sales agreements, must be included with your remittance.</p> <p>I understand and agree to the Terms & Conditions of the use of the Globalink Worldwide Express Ltd account.</p>					
PAYMENT METHOD		<input type="checkbox"/> BILL TO ACCOUNT - PLEASE READ CARGO CREDIT TERMS AND CONDITIONS <input type="checkbox"/> COD			
Choose one:					
<p>I hereby acknowledge that the above information is true and correct, I have read and agree to the terms and conditions, and hereby authorize the release to Globalink Worldwide Express of any credit information from the above named references pertaining to my/our credit and financial responsibilities.</p> <p>Signature of Partner or Officer _____ Date _____</p> <p style="text-align: center;">(Signature Required)</p> <p>Print Partner or Officer Name and Title _____</p>					