

BIMINI SHIPPING CREDIT APPLICATION AND AGREEMENT

Thank you for choosing Bimini Shipping. Please take a moment to fill out this credit application form so we can better serve you.

****To expedite credit approval, this application and the signed agreement may be faxed to (305)634-8859, Attn. Credit Dept. Send (or fax) a recent AUDITED FINANCIAL STATEMENT along with your Credit Application or use our E-Mail address at info@Bimini Shipping.com**

PLEASE FILL OUT ALL ITEMS THAT ARE APPLICABLE

			Credit Limit Requested: \$ _____		
Company Name () ()			Type of Entity: Corporation _____ Partnership _____ Proprietorship _____		
Telephone Number		Fax	Web Address:		
Billing Address			Years in Business		E.I.N#
City	State	Zip	Applicant is a: _____ Shipper _____ Consignee _____ NVOCC _____ Freight Forwarder		
Physical Address			Do you hold any licenses issued by the FMC? _____ Yes _____ No If yes, please attach a current copy to this application		
City	State	Zip	Do you have any bonds on file with the FMC? _____ Yes _____ No If yes, please attach a current copy to this application		
Owner/Officer Name			Bank Reference:		
()			Name		Contact
Owner/Officer SS# Number		Telephone	Address		
Address			City		State Zip
City			()		
City		State	Zip	Telephone Number	Fax Number Account Number
Affiliated Companies: ** Would you like the parent/subsidiary to have an independent Credit Account? Yes/No) Please indicate parent/subsidiary relationship			Trade References:		
Subsidiary/Parent			Name		
Address			Telephone Number		Fax Number
City	State	Zip	Name		
Subsidiary/Parent			Telephone Number		Fax Number
Address			Name		
City			Telephone Number		Fax Number
Bimini Shipping Contacts in Your Company:					
Controller or Vice President Address		E-Mail	Port(s) of Origin		Port(s) of Destination
Accounts Payable Manager Address		E-Mail	Accounts Payable Representative		E-Mail Address
Your Salesperson at Bimini Shipping:			**Updated Credit Application must be submitted and reviewed every three (3) years.		