

AGREEMENT FOR SERVICES & CREDIT

CUSTOMER IDENTIFICATION											
CUSTOMER NAME:											
CORPORATION		PARTNERSHIP		SOLE PROPRIETORSHIP		LIMITED LIABILITY Co		STATE OF ORIGIN			
STREET ADDRESS:				CITY:				STATE:			
COUNTRY OF ORIGIN:			ZIP:		TELEPHONE:			FAX:			
TYPE OF BUSINESS:							NO. OF YEARS IN BUSINESS:				
NAME OF PREDECESSOR BUSINESSES:											
PERSON TO CONTACT REGARDING INVOICES:							PHONE:				
FEDERAL TAX ID#:			SALES TAX EXEMPT #:			(PLEASE ATTACH COPY OF FORM)					
PARENT COMPANY:											
CITY:			STATE:		COUNTRY:						
ZIP:		TELEPHONE:			FAX:						
INFORMATION ON PRINCIPALS											
FOR PROPRIETORSHIP OR PARTNERSHIP: LIST ALL OWNERS AND/OR PARTNERS.											
FOR CORPORATION OR LIMITED LIABILITY COMPANY: LIST ALL OFFICERS, DIRECTORS, MEMBERS AND MAJORITY STOCKHOLDERS.											
NAME:						POSITION:					
HAVE ANY OF THE COMPANIES OR INDIVIDUALS LISTED ABOVE EVER BEEN A DEBTOR IN A BANKRUPTCY PROCEEDING?											
HAS ANY JUDGMENT EVER BEEN ENTERED AGAINST ANY OF THE COMPANIES OR INDIVIDUALS LISTED ABOVE?											
ARE THERE LEGAL ACTIONS OR ARBITRATIONS PENDING AGAINST ANY OF THE COMPANIES OR INDIVIDUALS LISTED ABOVE?											

INSURANCE INFORMATION

IF CUSTOMER DECLINES TO PAY ROGERS WORLDWIDE FOR CARGO INSURANCE PREMIUM, WE REQUIRE INFORMATION ON YOUR EXISTING INSURERS.

NAME OF INSURANCE UNDERWRITER:		POLICY No.:	
TYPE OF COVERAGE:		POLICY EFFECTIVE DATE:	POLICY EXPIRY DATE:
DEDUCTIBLE, IF ANY:			

CREDIT REFERENCES (ATTACH SEPARATE SCHEDULE IF NECESSARY)**PRIMARY BANK:**

NAME:		ACCOUNT #:		PHONE:	
ADDRESS:			CONTACT NAME:		

OTHER BANK:

NAME:		ACCOUNT #:		PHONE:	
ADDRESS:			CONTACT NAME:		

TRADE REFERENCES

NAME:		ACCOUNT #:		PHONE:	
ADDRESS:			CONTACT NAME:		

NAME:		ACCOUNT #:		PHONE:	
ADDRESS:			CONTACT NAME:		

NAME:		ACCOUNT #:		PHONE:	
ADDRESS:			CONTACT NAME:		

PERSONS AUTHORIZED TO INSTRUCT ROGERS WORLDWIDE AND INCUR CHARGES ON CUSTOMER'S ACCOUNT

NAME:		TITLE:		PHONE:	
NAME:		TITLE:		PHONE:	
NAME:		TITLE:		PHONE:	

