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
	Bank Reference:
Owner/Officer Name ( )	Name Contact
Owner/Officer SS# Number Telephone	Address
Address	City State Zip ( )
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 State Zip	Telephone Number Fax Number
Bimini Shipping Contacts in Your Company:	
Controller or Vice President E-Mail Address	Port(s) of Origin Port(s) of Destination
Accounts Payable Manager E-Mail Address	Accounts Payable Representative E-Mail Address
Your Salesperson at Bimini Shipping:	**Updated Credit Application must be submitted and reviewed every three (3) years.