SUMMIT
CUSTOMS BROKERS & TRADE CONSULTANTS

CLIENT PROFILE

Legal Company Name (as listed on your registration papers)		
Address:		Postal Code:
City:	Province/State:	Phone Number:
Country:		Fax Number:
Website:		Customs Contact Email:
Structure of Business: ☐ Corporation ☐ Partnership ☐ Sole Proprietor If Corporation, Corporation Number _____		
Organizational Structure:		
President:		Vice President:
Controller:		Accounts Payable:
		Accounts Payable Email:
Business Number (HST Number):		
☐ Non-Resident		
☐ Resident	BN:	RM:
Date Business Founded:		Nature of Business:

Payment Options

☐ E-Transfer (Please call for details 604-278-3551)

☐ Direct Deposit / EFT (Please call for details 604-278-3551)

Credit Card Number _____

Credit Card Expiry ___/___ 3% credit card fees will apply.

This form authorizes Summit International Trade Services Inc. to use your selected method of payment for any charges due.

Note: Customs duties are subject to a 2.5% disbursement fee when paid on your behalf by Summit International Trade Services Inc. If your annual customs duties exceed $20,000, please contact a Summit International Trade Services Inc. representative to discuss options available in regards to future disbursement charges.

The undersigned hereby authorizes Summit International Trade Services Inc. to conduct an investigation for the purpose of obtaining credit. Such investigation may include checking supplier references and obtaining a credit report. You acknowledge that if this account goes beyond the financial terms outlined with Summit International Trade Services Inc. shipments may be held up or delayed at the border.

Print Name:	Title:
Signature:	Date: