

**Entertainment Logistics Services
CUSTOMER AGREEMENT FOR SERVICES & CREDIT**

CUSTOMER IDENTIFICATION

Customer Name _____

Limited Liability Company Coporation Partnership Sole Proprietorship/Individual

Street Address _____

City _____ State _____ Zip Code _____

Billing Address (if different from the above) _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Years in Business _____

Primary Contact for Account _____

Phone _____ Fax _____

Federal Tax ID Number _____ Sales Tax Exempt Number _____

Parent Company _____

Street Address _____

City _____ State _____ Zip Code _____

Name of Predecessor Business _____

INFORMATION ON PRINCIPALS

For Limited Liability Company or Corporation: List all officers, directors, members and majority shareholders.

For Partnership or Proprietorship: List All Partners and/or Owners.

NAME	POSITION

Have any of the companies or individuals listed above ever been a debtor in a bankruptcy proceeding?

Yes No

Has any judgment ever been entered against any of the companies or individuals listed above?

Yes No

Are there legal actions or arbitrations pending against any of the companies listed above?

Yes No

C-TPAT (CUSTOMS TRADE PARTNERSHIP AGAINST TERRORISM)

C-TPAT Certified: Yes No If yes, please provide SVI number _____

Does your company participate in any foreign customs security program? Yes No

If yes, please provide Country of Program _____

INSURANCE INFORMATION

If Customer declines insurance by E.L.S., please provide information on your existing insurers (attach additional sheets as necessary).

Name of Insurance Underwriter _____ Policy Number _____

Type of coverage (e.g., cargo legal liability, commercial general liability) _____

Policy Effective Date _____ Policy Expiration Date _____

Deductible, if any _____

CREDIT REFERENCES

Primary Bank _____ Phone _____ Contact _____

Name _____ Account Number _____

Address _____

Other Bank _____ Phone _____ Contact _____

Name _____ Account Number _____

Address _____

TRADE REFERENCES

Name _____ Phone _____ Contact _____

Address _____

Account Number _____

Name _____ Phone _____ Contact _____

Address _____

Account Number _____

Name _____ Phone _____ Contact _____

Address _____

Account Number _____

PERSONS AUTHORIZED TO INSTRUCT E.L.S. AND INCUR CHARGES ON CUSTOMER'S ACCOUNT

Name _____ Title _____ Phone _____ Email _____
Name _____ Title _____ Phone _____ Email _____
Name _____ Title _____ Phone _____ Email _____

SIGNATURE

I certify that the information provided in this Agreement is true and correct and that I have the authority to sign this Agreement.

Name _____ Title _____ Date _____

CUSTOMER SHIPPING RECORD REQUIRED BY 49 CFR PART 15

Only a shipper in **one** of the following categories needs to complete this form:

- A shipper defined as an **sole proprietor** or **individual**; or
- Any shipper with a physical address located in **Canada** or **Mexico** that tenders cargo for a flight departing from an airport within the U.S.

CUSTOMER NAME _____

SHIPMENT DATE	FROM	TO	CARRIER	GOODS	COSTS (USD)