

CARRION LOGISTICS INC

CREDIT APPLICATION FORM

Business Name: _____

Physical Address: _____

Billing Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

A/P Phone#: _____ A/P Fax#: _____

A/P Contact Name: _____ Email: _____

Year Started: _____ Owner(s): _____

Business Type: _____ Organization Type: _____ Private _____ L.L.C
_____ Corp. _____ Partner

How soon do you pay after receipt of invoice? _____ Days.

TRADE REFERENCES (TRUCKING COMPANIES)

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State/Prov, Zip/Postal: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State/Prov, Zip/Postal: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State/Prov, Zip/Postal: _____

Bank Name: _____ Phone: _____

Address: _____ Fax: _____

City, State/Prov, Zip/Postal: _____

Account# _____ Manager: _____

The above information is warranted to be true. I/We hereby authorize our credit references and bank to release any information necessary to assist CARRION LOGISTICS INC in establishing a line of credit. I/We agree to pay invoices within 14 days in accordance with your terms. I/We hereby agree to pay all reasonable collection costs according to your tariff.

Authorized Signature: _____ Printed Name: _____

Title: _____ Date: _____

PLEASE FAX AND EMAIL TO ACCOUNTING DEPARTMENT
FAX: (204)-800-3190 or accounting@carrionlogistics.com
(ALL CREDIT APPLICATIONS ARE KEPT CONFIDENTIAL)