

LOGISTICS DIRECT LLC.

5590 E. 55th Ave Ste 100 A Commerce City, CO. 80022

Phone 303-288-8188 Fax 303-288-8404

THIS FORM MUST BE SIGNED AND RETURNED EVEN IF YOU ARE PROVIDING A SEPARATE REFERENCE SHEET

CUSTOMER INFORMATION SHEET

COMPANY NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
SHIPPING ADDRESS: _____
PHONE: _____ FAX: _____ CONTACT _____

OWNERSHIP: Corporation Partnership Proprietor E-MAIL: _____
TYPE OF BUSINESS: _____
YEAR STARTED: _____ FED.TAX I.D.# _____ or SOC.SEC# _____ - _____ - _____

OWNERS:
Name: _____ Position _____ Soc.Sec# _____ - _____ - _____
Name: _____ Position _____ Soc.Sec# _____ - _____ - _____
Name: _____ Position _____ Soc.Sec# _____ - _____ - _____

TRADE REFERENCES:
Name: _____ Contact _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____
Name: _____ Contact _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____
Name: _____ Contact _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____
Name: _____ Contact _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____

BANK REFERENCE
Name: _____ Contact _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____
Account Rep: _____ Account# _____

Do you require Purchase Orders? YES NO
Have you filed for Bankruptcy in the last 10 years? YES NO
Are you listed in Dun & Bradstreet? YES NO (if yes) Account # _____

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with our terms of net 30 days. We hereby authorize you to verify and collect information on us including but not limited to bank references, trade references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the State of Colorado, the Creditors State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be at the sole discretion of the Creditor.

Signature: _____ TITLE: _____ DATE: _____