



Exodus Logistix Credit Application Form

Customer Information:

- Company Name: _____
- Contact Person: _____
- Position: _____
- Phone Number: _____
- Email Address: _____
- Business Address: _____
- City: _____
- State: _____
- ZIP Code: _____

Business Information:

- Legal Structure (e.g., Corporation, LLC, Sole Proprietorship):

- Tax ID Number (EIN): _____
- Years in Business: _____
- Type of Business: _____

Trade References (Please provide at least three):

1. Company Name: _____
Contact Person: _____
Phone Number: _____
Account Number: _____
2. Company Name: _____
Contact Person: _____
Phone Number: _____
Account Number: _____
3. Company Name: _____
Contact Person: _____
Phone Number: _____
Account Number: _____

Bank Information:

- Bank Name: _____

- Branch: _____
- Account Number: _____
- Bank Contact: _____
- Phone Number: _____

Credit Requested:

- Desired Credit Limit: _____

Terms and Conditions:

I, the undersigned, hereby certify that the information provided above is true and accurate to the best of my knowledge. I authorize Exodus Logistix to make inquiries into the creditworthiness of my company as necessary for the purpose of extending credit. I understand that submission of this credit application does not guarantee approval of credit and that any credit granted will be subject to the terms and conditions established by Exodus Logistix.

Signature: _____

Date: _____

Please ensure to customize this form according to your specific business needs and requirements. Additionally, it's advisable to consult with legal or financial professionals to ensure compliance with applicable laws and regulations.