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CREDIT APPLICATION

Name of Customer (Legal Name)	EIN/SSN		
Trade Name			
Mailing address	City	State	Zip
Shipping Address	City	State	Zip
Phone Number	Fax Number		
Contact Person - Position	DUNS #		

BUSINESS FACTS

Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>
Other form of business:			
Formed/Incorporated under state laws of:			
Date of formation, incorporation or partnership:			
Is business a subsidiary or franchise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, name a parent or a franchisor:			
It's address:			
Length of time of present ownership: _____ Years _____ Months			
Previous customer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, under what name? _____ Location? _____			

BANKING

Name of Account Holder	Account Number	Bank Officer
Bank Name	Phone Number	
Mailing Address	City	State Zip
Name of Account Holder	Account Number	Bank Officer
Bank Name	Phone Number	
Mailing Address	City	State Zip

TRADE REFERENCES

Name	Address	Phone Number
1		
2		
3		

CREDIT AGREEMENT

As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. Any misrepresentation in this Agreement will be considered evidence of fraud, since this information is the basis for the extension of credit. In consideration for the extension of credit, said business promises to pay International Logistics Express, Inc. for all services within the terms agreed upon. In the event that any third parties are employed to collect any outstanding monies owed said business, the undersigned agrees to pay reasonable collection costs, including all legal fees, whether or not litigation has commenced, and all cost of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified. Undersigned hereby authorized International Logistics Express, Inc. to obtain such credit information as may be required to conduct a credit investigation.

Name of Business:	
Address:	
City, State, Zip:	
Print Name:	Title:
Signature:	