



CREDIT APPLICATION

Date: _____

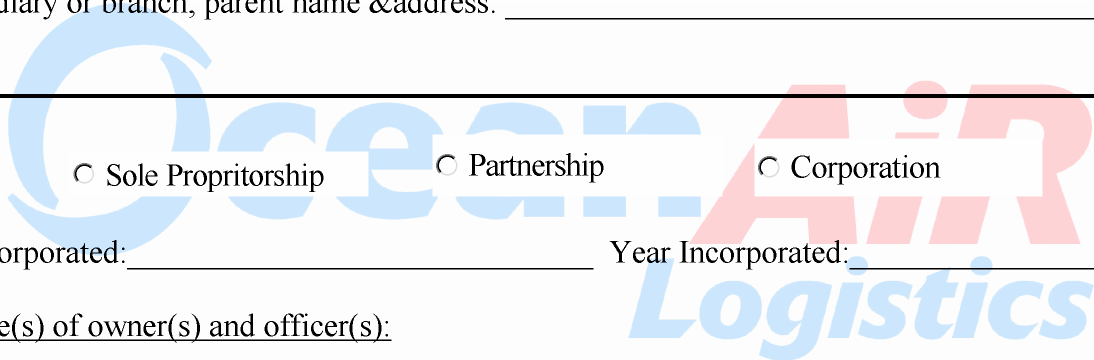
Company Name: _____ DBA: _____

Address/City/State: _____

Tel: _____ Fax: _____

E-mail: _____ Web site: _____

If subsidiary or branch, parent name & address: _____



Sole Proprietorship

Partnership

Corporation

State Incorporated: _____ Year Incorporated: _____

List name(s) of owner(s) and officer(s):

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Nature of Business: _____ Annual Sales (USD): _____

Individual responsible for payment of freight charges:

Name: _____ Title: _____

Address: _____

City: _____ State/Province: _____ Country: _____

Tel: _____ Fax: _____ E-mail: _____

Special Billing Instructions: _____

Bank Name: _____ Branch: _____

Address: _____

Tel: _____ Fax: _____ E-mail: _____

Account No.: _____ Account Officer: _____

Credit References:

Company: _____ Contact: _____

Address: _____

Tel: _____ Fax: _____ E-mail: _____

Account No.: _____

Company: _____ Contact: _____

Address: _____

Tel: _____ Fax: _____ E-mail: _____

Account No.: _____

Company: _____ Contact: _____

Address: _____

Tel: _____ Fax: _____ E-mail: _____

Account No.: _____

All invoices are due upon presentation. After 15 days, all accounts shall be deemed delinquent and shall bear interest at the rate of 1-1/2% per month (18% annually). In the event suit is instituted to collect a delinquent account, client agrees to pay the costs of collection, including attorney's fees. In the event of an insurance claim, client agrees to pay the total invoice amount, regardless to the outcome of such claim.

Applicant's Signature

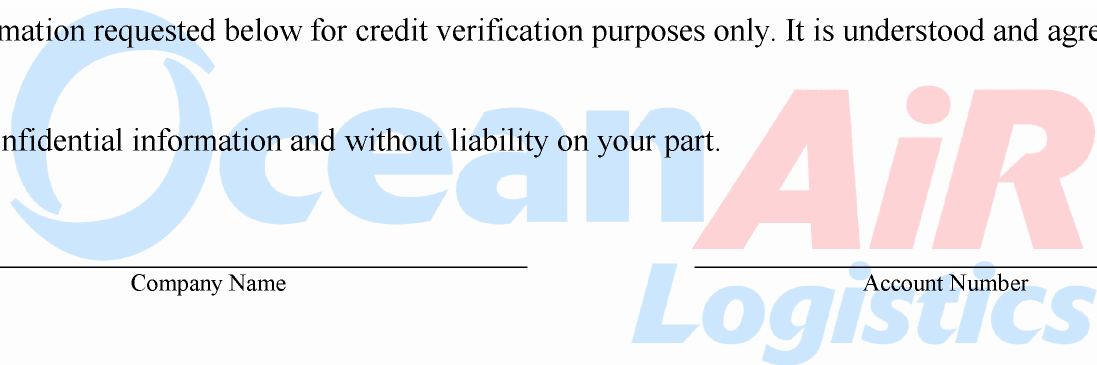
Print Name

Title

10925 NW 27th Street Miami, Fl 33172 Tel:(305)599-0966 Fax:(305)599-0766
www.OceanAirLogistics.com www.CargaAerea.com cargo@OceanAirLogistics.com

I do hereby authorize _____ to release to OceanAir Logistics
Bank Name

the information requested below for credit verification purposes only. It is understood and agreed that this is confidential information and without liability on your part.



Company Name

Account Number

Authorized Signature

Print Name

*****Bank Use Only*****

Date account opened: _____ Present cash balance: \$ _____

Average cash balance Y-to-D: \$ _____ No. of NSF checks: _____

Loan payment history:

- Good Satisfactory Unsatisfactory

Comments: _____

Account Officer: _____
Signature

Print Name

10925 NW 27th Street Miami, Fl 33172 Tel:(305)599-0966 Fax:(305)599-0766
www.OceanAirLogistics.com www.CargaAerea.com cargo@OceanAirLogistics.com

