

# Application for Credit Privileges

Legal Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Specify Ownership: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Number of Years in Business: \_\_\_\_\_

Payment Terms: \_\_\_\_\_ days Amount of credit required: \_\_\_\_\_

## CONTACT INFORMATION

Please list President(s) or Partners:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please provide A/R information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

## BANK REFERENCES

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account Manager: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Are you now or have you ever filed for bankruptcy protection? Yes \_\_\_\_\_ No \_\_\_\_\_

## TRADE REFERENCES

Company Name/City: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone / Fax Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I (below signed) certify that the above information is true and correct to the best of my knowledge, and, furthermore, I realize my obligation to inform Island Logistics International Inc. of any further changes to the above information.

\_\_\_\_\_  
Signature / Title

\_\_\_\_\_  
Date

**Please return via fax to: 709-786-3098**  
Island Logistics International Inc.