



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

11767 S. Dixie Highway, Unit 451 - Pinecrest, FL 33156
Tel: 844-594-6684 Fax: 844-594-6685
www.TerraGlobalLogistics.com Operations@TerraGlobalLogistics.com

Bank Authorization

I do hereby authorize _____ to release to Terra Global 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