



## APPLICATION FOR CREDIT

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**I. COMPANY:**

INCORPORATED NAME \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE PRINT OR TYPE**

DBA/PARENT

COMPANY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL

ADDRESS \_\_\_\_\_ IATA# \_\_\_\_\_

TYPE OF BUSINESS:

IAC # \_\_\_\_\_

\_\_\_ CORPORATION STATE OF INCORPORATION \_\_\_\_\_

\_\_\_ CORPORATION TAX I.D. NUMBER \_\_\_\_\_

\_\_\_ PARTNERSHIP

FMC # \_\_\_\_\_

\_\_\_ SOLE PROPRIETORSHIP

DUNS # \_\_\_\_\_

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**II. PRINCIPALS:**

1. NAME \_\_\_\_\_ TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_ TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**III. BANK REFERENCE:**

BANK NAME \_\_\_\_\_

OFFICER TO CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

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**IV. TRADE REFERENCES:**

**PLEASE LIST AT LEAST THREE US REFERENCES AND PROVIDE INFORMATION REQUESTED.**

**COMPANY NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **FAX NUMBER** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**ACCOUNT NUMBER/ CONTACT PERSON** \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **FAX NUMBER** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**ACCOUNT NUMBER/ CONTACT PERSON** \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **FAX NUMBER** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**ACCOUNT NUMBER/ CONTACT PERSON** \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **FAX NUMBER** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**ACCOUNT NUMBER/ CONTACT PERSON** \_\_\_\_\_

**AMOUNT OF CREDIT REQUESTED \$** \_\_\_\_\_ **PRIMARY DESTINATIONS** \_\_\_\_\_

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Applicant agrees to pay any collections costs incurred to collect the account balance, including court costs, collection fees and attorney's fees of not less than 33% of the unpaid principle and interest.

As an inducement to grant credit, the undersigned agrees to the need for verification of all information on this application and authorizes, and releases all banks, businesses, and persons identified on this application to furnish and all information requested by Four Star Cargo, Inc. or its representatives, by telephone or written correspondence, whichever Four Star Cargo, Inc. requests. The undersigned warrants that the information is true and correct. The undersigned has the right to authorize the release of such information to Four Star Cargo, Inc. and authorize the release of such information by signature here.

An interest rate of 1.5% per month on the unpaid balance will be charged on all accounts with an outstanding past due balance.

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_____ <b>(NAME)</b>	_____ <b>(TITLE)</b>
_____ <b>(SIGNATURE)</b>	_____ <b>(DATE)</b>

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**PERSONAL GUARANTEE**

In consideration of credit being extended by Four Star Cargo, Inc. to the above named applicant, the undersigned guarantees each contract to \_\_\_\_\_, the faithful payment, when due, of all accounts of the applicant. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment or demand for payment and any notice of default by applicant and all other notices guarantor might otherwise be entitled.

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_____ NAME (PRINT)	_____ NAME (SIGNATURE)
_____ ADDRESS	_____ PHONE

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Return completed & signed application via fax to (305) 477-0790 or via e-mail [info@fourstarcargo.com](mailto:info@fourstarcargo.com)

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**CREDIT DEPARTMENT USE ONLY**

CREDIT LINE REQUESTED \$ \_\_\_\_\_ CREDIT LINE APPROVED \$ \_\_\_\_\_

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_