APPLICATION FOR CREDIT

FROM PRICE TRANSFER, INC. AND/OR F.C.L. LOGISTICS, LTD.



Credit Dept. Fax 310-817-2732, Phone 800-397-7423 Ext. 3105 2790 E. Del Amo Blvd., Rancho Dominguez, CA 90221

CreditCollections@pricetransfer.com

Credit Terms: **NET 30** Credit Manager: **Rosie Osorio**

INSTRUCTIONS:

PLEASE COMPLETE PART I THROUGH V AND RETURN TO US.

IF YOU HAVE YOUR OWN CREDIT APPLICATION, YOU NEED ONLY COMPLETE PART I AND V AND RETURN TO US ALONG WITH YOUR CREDIT APPLICATION.

				GENERAL				
PART I				CENERAL				
Company Name				Phone Number			Fax Number	
Address				Accounts Payable Contact			Accounts Payable Email	
City Company Type: C	orporation	Partnership	State	Proprietorship) (Zip Code Other	Yrs. in Business	
Company Website				OWNEDOW	-			
PART II				OWNERSHI	P			
Name (President/Owner	·)	Address			City		State	Zip Code
Name (Controller)		Address			City		State	Zip Code
Name (Operations/GM)		Address			City		State	Zip Code
PART III				FINANCE				
Bank Name			Phone Number			Fax Number		
Address						Acc	count Representative	
City		S	State	REFERENCE	Zip Code	Acc	count Number	
PART IV								
Company Name			Co	ontact			Phone Number	
Address	City	State		Zip Code	Fax Number		Email	
Company Name			Co	ontact			Phone Number	
Address	City	State		Zip Code	Fax Number		Email	
PART V				AGREEMEN'	. —			

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I WILL COMPLY WITH THE CREDIT TERMS SPECIFIED ABOVE. I AGREE TO PAY A LATE CHARGE OF 1 1/2% PER MONTH ON ANY AND ALL INVOICES NOT TIMELY PAID IN FULL. I AGREE TO PAY ANY COLLECTION COSTS, INCLUDING ATTORNEY FEES, INCURRED BY PRICE TRANSFER, INC. AND/OR F.C.L. LOGISTICS, LTD IN COLLECTING AMOUNTS DUE.

Date **Authorized Signature** Title (Must be an Officer)