



Application for Commercial Credit

Instructions: Thank you for selecting International Transport Logistics, Inc. for your shipping and transportation needs. Please complete all fields and return this application along with the required documentation to your sales representative or fax directly to (904) 757-0969.

Company Information:

C Corp Sub S-Corp LLC Partnership Proprietorship Other _____

| | | | | | | | |
|---------------------------------|--------------|--------------------|--------------------------------|-----------------|----------------|-------------------|------------------|
| Legally Registered Company Name | Phone Number | Fax | Physical Address (No P.O. Box) | City | State | Zip | |
| Billing Address (Street) | City | State | Zip | Primary Contact | Business Phone | State Established | Date Established |
| Federal Tax ID | DUNS # | Nature of Business | Primary Product Sold | | | | |

Owner/Principal Officer Information:

| | | | | | |
|------------------|--------------------------|--|--|------------------|------------------------|
| Owner #1 | Home Street Address | City | State | Zip | Social Security Number |
| Phone | Date of Birth | Have you ever declared bankruptcy EITHER personally or on behalf of business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Owner #2 | Home Street Address | City | State | Zip | Social Security Number |
| Phone | Date of Birth | Have you ever declared bankruptcy EITHER personally or on behalf of business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Owner #3 | Home Street Address | City | State | Zip | Social Security Number |
| Phone | Date of Birth | Have you ever declared bankruptcy EITHER personally or on behalf of business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Type of Business | Credit Line Desired (\$) | Purchase will be | <input type="checkbox"/> Taxable <input type="checkbox"/> For Resale | Sales Tax Lic. # | State |

Trade references (Minimum of 3 required)

| | | | | | | |
|--------------|------------------|------|-------|-----|----------------|--------------|
| Company Name | Physical Address | City | State | Zip | Business Phone | Business Fax |
| Company Name | Physical Address | City | State | Zip | Business Phone | Business Fax |
| Company Name | Physical Address | City | State | Zip | Business Phone | Business Fax |

Bank Reference

| | | | | |
|----------------|-----------------|----------------|--------------|-----|
| Bank Name | Branch Location | City | State | Zip |
| Account Number | Primary Contact | Business Phone | Business Fax | |

Order Processing and Billing Information (minimum of one required)

The following individuals are authorized to submit bookings and approve pricing on the Company's behalf:

| | | | |
|--------------------------|----------------|--------------|---|
| 1) | 2) | 3) | |
| Accounts Payable Contact | Business Phone | Business Fax | Business E-mail (if electronic copies of invoices requested in addition to hard copy) |

Purchase order required? Yes No If yes, please submit a copy of a standard purchase order with application. Additional documentation (other than invoice) required for payment processing?

If yes, please clearly note below

Certification:

The undersigned hereby represents and warrants to International Transport Logistics, Inc, a Florida corporation ("ITL") and on behalf of the Company agrees that (i) the information set forth in this application is true, correct & complete as of the date of this application, (ii) the undersigned is authorized to execute this application on behalf of and to bind the Company, (iii) ITL is hereby authorized to make all inquiries regarding Company, officers and owners necessary to qualify the applicant for the requested services, including requesting necessary credit reports and to renew those inquiries from time to time in ITL's discretion, including requesting additional up-to-date credit reports, and (iv) to notify ITL of any material adverse change in the financial condition of the Company and its controlling owners, respectively. In consideration of services provided to Company, the Company unconditionally agrees to pay to ITL for the services rendered. The undersigned acknowledges receipt of this document.

Authorized Signer:

 Printed Signature and Title Date