

CREDIT INFORMATION FORM

ALL SECTIONS MUST BE COMPLETED- INFORMATION IS CONFIDENTIAL

CLIENT INFORMATION

COMPANY NAME: _____

ADDRESS: _____ CITY: _____

PROVINCE/STATE: _____ ZIP CODE: _____ PHONE: _____

CREDIT DISCUSSED WITH: _____ TITLE: _____ FAX: _____

OWNERSHIP: _____ CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP
_____ SUBSIDIARY-PARENT COMPANY _____

CORPORATE OFFICERS NAME & TITLE: _____

FEDERAL I.D. #: _____ DUNS #: _____ DATE ESTABLISHED: _____

CUSTOMER TYPE:

OCEAN IMPORT _____ OCEAN EXPORT _____ AIR IMPORT _____ AIR EXPORT _____

BANK REFERENCE

BANK NAME: _____ ACCOUNT #: _____

CITY: _____ CONTACT: _____ PHONE: _____

BRANCH: _____ FAX #: _____

TRADE REFERENCES

1. CO. NAME: _____ FAX #: _____

CONTACT: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

2. CO. NAME: _____ FAX #: _____

CONTACT: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

3. CO. NAME: _____ FAX #: _____

CONTACT: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

I hereby authorize the release of banking history/credit history information to EMO Trans, Inc. for the purpose of establishing credit.

I have read and understand the terms and conditions on the back of this page and agree to them.

Name of Authorized Officer

Signature of Authorized Officer

Date

TO BE COMPLETED BY EMO TRANS INC.

AMT APPLIED FOR: _____ SALES REP CODE: _____ SALES TERR CODE: _____ CUST #: _____