



**TOTAL FREIGHT
LOGISTICS INTERNATIONAL**
"An International Freight Forwarder"

CREDIT APPLICATION

Business Name: _____ Telephone: () _____ Fax: () _____
 Address: _____ City: _____ ST: _____ Zip: _____
 Federal ID # _____ D&B # _____ MCC# _____
 Tax Exempt # _____ State: _____

BANK REFERENCES

Bank Name: _____ Contact Person: _____
 Telephone: () _____ Fax: () _____
 Account # _____ Consent to release information: Y N (circle one)

TRADE REFERENCES (list at least three)

Business Name: _____ Telephone: _____ Fax: _____
 Address: _____ City: _____ ST: _____ ZIP: _____
 Business Name: _____ Telephone: _____ Fax: _____
 Address: _____ City: _____ ST: _____ ZIP: _____
 Business Name: _____ Telephone: _____ Fax: _____
 Address: _____ City: _____ ST: _____ ZIP: _____

CUSTOMER INFORMATION

Date company started: _____ Type or business: _____
 Number of Employees: _____ Est. annual sales: _____
 Legal Nature: _____ Corporation _____ Partnership _____ Sole Proprietorship
 Contacts: Purchasing _____ Receiving _____
 Accounts Payable _____ CFO/Controller _____

What Credit Line do you feel would best suit your needs? _____

Terms and Conditions: Our terms are 15 days from date of invoice. All past due balances are subject to an 18% annual finance charge. All legal fees expanded by PSI in connection with collecting outstanding balances with the above credit applicant will be reimbursed to PSI by the applicant. The undersigned agrees to the above terms and conditions and is authorized to act on behalf of the applicant.

 SIGNATURE DATE TITLE