Credit Application

SECURED CARGO LOGISTICS, INC. - P.O. BOX 282834, SAN FRANCISCO, CA 94128
TEL: (650) 340-9844, FAX: (650) 340-7324

Each of the undersigned officers is authorized to prepare and submit, on behalf of the applicant named in Item #1 below (*the Applicant*), this credit application in order to obtain credit from Secured Cargo Logistics, Inc. The officers hereby certify both individually and in their capacity as an officer of the applicant, this application does not contain any untrue statement of a material fact; and does not omit any material fact, necessary not to make the statements herein misleading.

The Applicant hereby authorizes the release of any credit information by any party in connection with this application.

I. Company Information

Company Name: _____

Address: _____ City: _____ State: _____ Postal Code: _____

Phone: _____ Fax: _____ Credit Amount: _____

Requested: _____

Accounts Payable Contact: _____

Phone: _____ Fax : _____

E-mail: _____ Federal tax ID (EIN #) _____

Ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☐

How long in business: _____ Yrs

If Corporation/Partnership:

State Incorporated in: _____ Date: _____

Name (President): _____ Name (Vice President): _____