



6675 AMBERTON DRIVE
 SUITE 1
 ELKRIDGE
 MD 21075
 Phone; 410-712 4620
 Fax: 410-379-2701

CREDIT APPLICATION

COMPANY INFORMATION

NAME		PHONE	FAX
PHYSICAL ADDRESS		CITY	STATE/ZIP
BILLING ADDRESS		CITY	STATE/ZIP
PARENT COMPANY NAME / ADDRESS		CITY	STATE/ZIP
LINE OF BUSINESS			
ACCOUNTING CONTACT	E-MAIL	PHONE	FAX
DUNN & BRADSTREET NUMBER AND RATING	EIN NUMBER	ANNUAL \$ SALES	ANNUAL \$ PURCHASES
SERVICE REQUESTED		YEARS IN BUSINESS	NUMBER OF EMPLOYEES

BANK REFERENCES

BANK / BRANCH / ACCOUNT NUMBER	PHONE	FAX
BANK / BRANCH / ACCOUNT NUMBER	PHONE	FAX

TRADE REFERENCES

NAME / ADDRESS	PHONE	FAX
NAME / ADDRESS	PHONE	FAX
NAME / ADDRESS	PHONE	FAX

CREDIT, BILLING AND SHIPMENT TERMS

The conditions of Contract that govern all shipments can be found on our website at www.polaris-logistics.com. By using Polaris Logistics services, I/we understand that we accept all of the standard terms and conditions.

Should Polaris Logistics grant credit to my company, I/we understand that terms of payment are Net 30 Days from date of invoice. In addition I/we agree to pay a service fee of 1.5% per month, not less than \$2.00, on any balance over 30 days past due. I/we agree to pay all reasonable legal and/or collection fees incurred by Polaris Logistics to secure payment for any past due amounts.

Polaris Logistics shall have a lien upon the goods which shall survive delivery to secure payment of all sums due Polaris Logistics. Further, Shipper grants Polaris Logistics a consensual lien upon all Shipper's personal property subsequently in the possession of Polaris Logistics to secure payment of said sums. Polaris Logistics shall be entitled to assert such lien right at any time, including withholding delivery until payment is made and/or holding public or private sale of personal property: sale proceeds shall be first applied to all costs of sale, then to sums due Polaris Logistics, with the balance to be paid to Shipper.

I/we hereby declare that the enclosed information is true and accurate to the best of my/our knowledge and belief. I/we hereby authorize any institution herein listed as credit reference, bank or trade reference to release credit information concerning myself and/or the company I/we represent to Polaris Logistics. This authorization is given to enable Polaris Logistics to promptly and fairly evaluate my/our request for credit. In order to facilitate possible future requests for credit from Polaris Logistics or from other creditors, I/we further authorize Polaris Logistics to disclose factual information regarding the record of payments on our accounts. A faxed copy of this application will be considered the original.

Shipper grants carrier consent to screen cargo as may be required by the Transportation Security Administration.

AMOUNT OF CREDIT DESIRED \$	REQUESTED BY	NAME (PLEASE PRINT)	TITLE	DATE
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In the event a Personal Guarantee is required by Polaris Logistics, to extend credit, I/we personally guarantee payment of all charges pursuant to this credit application. I/we understand that this is a continuing guarantee and shall cover future charges arising under successive shipments so long as my/our company continues to ship with Polaris Logistics, under these credit terms.

PERSONALLY GUARANTEED BY	NAME (PLEASE PRINT)	TITLE	DATE
TAX ID	EIN#	SS#	