



Coppersmith
Global Logistics

CREDIT APPLICATION

| | |
|--------------------------------|---------|
| Company Name: | |
| Trade Names or DBA's: | |
| Physical Address: | |
| Mailing Address: | |
| Billing Address if applicable: | |
| Tel: | Fax: |
| Website: | |
| Primary Contact: | E-mail: |

| | | | | | |
|------------------------|-------------|-------------|-------------------|-----------------|------------|
| STRUCTURE | Corporation | LLC/LLP/LTD | Partnership | Sole Proprietor | Individual |
| Date Business Started: | month | year | State Registered: | Entity No. | |
| TAX EIN: | SSN: | | DOB: | | |

(required when EIN not applicable)

| | |
|--|---------|
| Officers, Managing Directors, Partners, Owners (names and titles of individual(s) authorized to bind the company) | |
| Name: | Title: |
| Accounts Payable or Bookkeeper | |
| Tel: | e-mail: |

| | |
|--|-------------------------|
| Bank - Name & Address: | |
| Bank - Account Manager: | Tel: |
| Bank Account Number: | |
| DUNS Number: | Paydex Score: |
| Primary Suppliers or trade accounts with whom you have credit terms (attachment in similar format acceptable) | |
| Name & Address: | |
| Contact Name: | Acct # Tel: e-mail: |
| Name & Address: | |
| Contact Name: | Acct # Tel: e-mail: |
| Name & Address: | |
| Contact Name: | Acct # Tel: e-mail: |

To establish your account, credit limit, and terms of payment where L.E. Coppersmith, Inc. may advance funds on your behalf, you certify that the information contained herein is true and accurate. Further by signing below you agree that: (1) payments are due in accordance with our written terms; (2) to cover liquidated damages, late payments are subject to a monthly fee of 2%, calculated from the date of invoice; (3) you will pay all costs of collection and reasonable attorney's fees if required to collect amounts owed; and (4) you will pay a \$25 fee on any returned or NSF check, regardless of the reason. In addition, a personal guarantee is required if the business customer in this application is an entity other than a sole proprietorship. By signing below you, as an individual, agree, that you are personally bound by the terms of repayment and are jointly and severally responsible for all sums, balances and accounts due L.E. Coppersmith, Inc.

| | |
|-------------|-----------------|
| Print Name: | Title: |
| Date: | Signature: SSN: |

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LOS ANGELES SAN FRANCISCO PORTLAND SEATTLE HOUSTON
DALLAS CHICAGO ATLANTA NEW YORK