



ALARA Logistics Credit Application

COMPANY NAME AS PER THE SECRETARY OF STATE		EIN / TAX ID #	STATE OF FORMATION	DATE OF FORMATION
<input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> CLOSE CORPORATION				
ASSUMED / DBA COMPANY NAME IF ANY		ANNUAL REVENUES	CREDIT LIMIT REQUESTED	D&B NUMBER, IF ANY
OPERATIONAL ADDRESS		CITY	STATE	ZIP CODE
OPERATIONAL PHONE NO.	OPERATIONAL FAX NO.	OPERATIONAL E-MAIL		
OPERATIONAL PREMISES <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LEASE (TERMS OF LEASE _____ YEARS)				
OFFICE ADDRESS		CITY	STATE	ZIP CODE
OFFICE PHONE NO.	OFFICE FAX NO.	OFFICE E-MAIL		
MAILING ADDRESS		CITY	STATE	ZIP CODE
OFFICE PREMISES <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LEASE (TERMS OF LEASE _____ YEARS)				
PARENT COMPANY NAME AS PER THE SECRETARY OF STATE		EIN / TAX ID #	STATE OF FORMATION	DATE OF FORMATION
OFFICE ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS		CITY	STATE	ZIP CODE
BUSINESS PREMISES <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LEASE (TERMS OF LEASE _____ YEARS)				
FOR SOLE PROPRIETOR, PARTNERSHIP OR NON-PUBLIC CORPORATION COMPLETE THE FOLLOWING:				
PRINCIPAL'S NAME		TITLE	SOCIAL SECURITY NO.	
HOME ADDRESS	CITY	STATE	ZIP CODE	PHONE NO.
BANK REFERENCES				
1. NAME	CONTACT NAME	E-MAIL	PHONE NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE	FAX NO.
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING NO. _____ <input type="checkbox"/> LOAN NO. _____ DATE OPENED _____				
2. NAME	CONTACT NAME			PHONE NO.
STREET ADDRESS	CITY	STATE	ZIP CODE	FAX NO.
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING NO. _____ <input type="checkbox"/> LOAN NO. _____ DATE OPENED _____				
CREDIT REFERENCES (MAJOR SUPPLIERS)				
1. NAME	CONTACT NAME	E-MAIL	PHONE NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE	FAX NO.
<input type="checkbox"/> ACCOUNT NO. _____ CREDIT LIMIT AMOUNT _____ DATE OPENED _____				
2. NAME	CONTACT NAME	E-MAIL	PHONE NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE	FAX NO.
<input type="checkbox"/> ACCOUNT NO. _____ CREDIT LIMIT AMOUNT _____ DATE OPENED _____				
I, the undersigned, confirm that I have the authority and I am authorized by the applicant company to sign this credit application. I attest to the truth and validity of the above provided information to be true and correct as of the date thereof. I hereby authorize the bank and credit institutions named herein to release information requested for the purpose of obtaining and/or reviewing my company's credit from time-to-time. If approved, the credit terms provided by Alara Logistics are in its sole discretion and can be terminated at any time by ALARA Logistics without protest or penalty from the applicant, declare the total amount owed by the applicant immediately due and payable. I agree to submit payment for all statements/invoices/airwaybills according to the terms set forth by ALARA Logistics. Shipper further agrees to pay any legal cost incurred in the collection of past due amounts including attorney fees in the event this account is placed with an attorney for collection, whether suit is filed or not. Shipper agrees that all issues and disputes shall be governed in accordance with a competent jurisdiction chosen by ALARA Logistics and that applicant expressly waives its venue rights including the right to a jury trial, without reference to conflicts of laws and legal principalities.				
AUTHORIZED INDIVIDUAL (PRINT)	SIGNATURE	TITLE	DATE	