



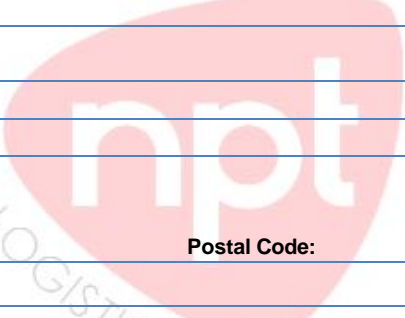
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 East Suite 220, Houston
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CUSTOMER REQUEST FOR CREDIT

NPT Logistics

Where Innovation Meets Imagination

APPLICATION INFORMATION			
Name:		Telephone:	
Address:		Toll Free:	
City:	Prov:	Facsimile:	
		Email:	
		Invoices will be sent to this email address	
BILLING ADDRESS (If different from above)		Type of Company:	<input type="checkbox"/> Incorporated
Name:			<input type="checkbox"/> Proprietorship
Address:			<input type="checkbox"/> Partnership
City:	Prov:	Date Established:	
		Location:	<input type="checkbox"/> Head Office
			<input type="checkbox"/> Branch
Nature of Business:		Years in Business:	
Specify any special invoicing requirements: Principal - CEO:		Credit Required:	/month
		Accts Payable Contact:	



BANKING INFORMATION			
Bank Name:		Contact:	
Address:		Toll Free:	
City:	Prov:	Postal Code:	Facsimile:

CREDIT REFERENCE (Include TWO other transportation companies that you are currently doing business with)						
	Reference Company	City	Prov	Contact	Telephone	Fax
1						
2						
3						
4						
5						

TERMS OF CREDIT		
The applicant understands and is authorized to agree to the Terms and Conditions of this application, specifically:		
1	Terms of Sale	— Net Thirty (30) days
2	Overdue Accounts are subject to Interest Charges of 2.0% per month	
3	Failure to comply with Terms of Sale will result in termination of credit privileges and termination of all pricing agreements	
4	Freight Charges must be paid in full before Loss of Damage claims will be processed	
	_____	_____
	Signature of applicant	Title
		Date

THE AREA BELOW IS FOR NPT Logistics USE ONLY			
Sales Code:	Collection Terminal:	Collector:	Credit Limit:
Credit approved by:		Date:	Account Number:

Return by email to: Logistics@nptlogistics.com