

APPLICATION FOR CREDIT

To avoid delays, please complete this form in full. All information will be held in strict confidence.

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|---|---|---|------------------------|--|---------------------------|
| | | | | Salesperson: | |
| A. FINANCE INFORMATION | | | | | |
| Approximate line of credit requested: | | Yearly transaction cost: (less duty, courier, domestic) | | OCEANAIR's Payment Terms are Net 15 from date of shipment. | |
| Freight Charges: Prepaid Collect | | Do you use a freight payment company?* | | If yes, which company? | |
| | | Yes No | | | |
| Duty Payments: (imports only) | | Do you participate in ACH Duty Payment? | | If yes, please provide your Payer Unit Number: | |
| Yes No | | Yes No | | | |
| Do you require a transportation insurance policy? | | | | | |
| Yes No, we have our own transportation policy No, we are not interested | | | | | |
| B. BUSINESS INFORMATION | | | | | |
| D E M O G R A P H I C S | Business Name: | | Phone: | Fax: | Website: |
| | Address: | | City: | State: | Zip Code: Country: |
| | Year of Incorporation: | | | State of Inc.: | No. of Years in Business: |
| | Corporation Partnership Proprietorship LLC | | | | |
| O F F I C E R S | Type of Business: | | Federal Tax ID / SSAN: | | D&B No: |
| | Imports Exports Domestic Brokerage | | | | |
| | | | | | |
| B I L L I N G | Officer's Name: | | Title: | | |
| | | | | | |
| | | | | | |
| | A/P Contact: | | A/P Phone: | A/P Email: | |
| | | | | | |
| Address: | | City: | State: | Zip Code: | Country: |
| C. BANKING INFORMATION | | | | | |
| Account Type: | | Account No.: | Phone: | Bank Officer Name: | |
| Checking Savings | | | | | |
| Bank Name: | | City: | State: | Zip Code: | Country: |
| D. TRADE REFERENCES | | | | | |
| Business Name: | | Contact Name: | Address: | Telephone: | Fax: |
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CERTIFICATION

We certify that all the information in this application is true, correct, and complete and is given to induce the Company to extend credit. We authorize OCEANAIR, Inc. to make such credit investigations as OCEANAIR sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks, and credit reporting agencies to disclose to OCEANAIR any and all information concerning the financial and credit history of the Company.

I have read the payment terms located at www.oceanair.net/terms-and-conditions-of-payment and agree to proper payment in consideration of extended credit.

By signing this form Customer agrees to be bound by the Terms and Conditions of Service as contained on the OCEANAIR website at www.oceanair.net/documents.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

*Our terms apply to freight payment companies. Please ensure that they are aware and comply with OCEANAIR's terms. Reproduction of invoices may result in a \$25 fee per invoice.

**In the event that collection efforts are required in order to collect any outstanding balance due, it is agreed that in addition to the outstanding principal, we shall pay all costs of collection including, but not limited to, collection/attorney fees of 35% which shall be added to the principal amount due. We understand that if terms are not met, a finance charge of 1.5% may be assessed.