



B.E. Logistics Inc.

Credit Application and Agreement

12912 S. Chadron Ave. Hawthorne, CA. 90250

Tel. 800-729-8115

FAX: 310-970-7684

EIN#95-4237428

Sales Associate: _____

Name Of Business: _____

Mailing/Billing Address: _____

Business Address: _____

DBA: _____ Business Start Date _____

Contact Person: _____ State of Incorporation _____

Telephone#: () _____ Fax#: () _____ e-mail: _____

Business is a: Corporation__ LLC__ Partnership__ Proprietorship__ Other _____

Type of Business: _____ Annual Sales: _____

Amount of Credit Requested (monthly): \$ _____

D&B#: _____ Fed Tax ID#: _____

D&B INFO: _____

Corporate use only

Name of Principals: Owners, Officer, Partners

<i>Name</i>	<i>Title</i>	<i>Social Security#</i>	<i>Telephone#</i>
1. _____			
2. _____			
3. _____			

Bank References

Bank Name: _____ Telephone#: _____ Contact: _____

Branch Address, City & State: _____

Checking Acct#: _____ Savings Acct#: _____

Trade References

<i>Name</i>	<i>Contact</i>	<i>Telephone#</i>	<i>Credit Limit</i>
1. _____			
2. _____			
3. _____			

We request that credit privileges be extended to our company and agree to pay all charges with the designated terms of 30 days of the date of invoice. Failure to do so will result in withdrawal of credit privileges. We understand that payments not received within 45 days from the invoice date will be assessed interest at the rate of one and one half (1 1/2) percent per month or fraction thereof. We understand that non-payment may result in the implementation of a lien on present shipments for past outstanding debts. We understand that we will be responsible for and pay any and all costs of collecting over due amounts including collection of attorney fees, whether or not suit is filed. Venue for all actions shall be in Orange County, California.

By(Signature): _____ Title: _____ Date: _____



B.E. Logistics Inc.

Credit Application Personal Guarantee

12912 S. Chadron Ave. Hawthorne, CA. 90250

Tel. 800-729-8115

FAX: 310-970-7684

EIN#95-4237428

Sales Associate: _____

Name Of Business: _____

Mailing/Billing Address: _____

Business Address: _____

DBA: _____ Business Start Date _____

Contact Person: _____ State of Incorporation _____

Telephone#: (____) _____ Fax#: (____) _____ e-mail: _____

Business is a: Corporation__ LLC__ Partnership__ Proprietorship__ Other_____

Personal Guarantee

Please read carefully

Credit Terms are 30 days from date of invoice. Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and releases all banks, persons, and companies, listed on this application to furnish information and authorizes the checking credit. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for five (5) years from the date of this application. The Undersigned guarantor expressly waives all notice of acceptance of this guarantee, notices of extension, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of this guarantee shall be in writing and delivered by certified mail.

By(Signature): _____ Date _____ (Signature) _____ Date _____

Please note, your credit application cannot be processed until both the credit application and the personal guarantee are completed signed and returned to B.E. Logistics Inc.