

APPLICATION FOR CREDIT



UVL TERMINAL #: _____ UVL TERMINAL CONTACT: _____

Amount of Credit Requested: _____

Firm's Legal Name: _____

DBA Name: _____

Customer's Phone #: _____ Customer's Fax #: _____

Billing Address: _____

City, State, Zip: _____

If different from Billing Address

Physical Address: _____

City, State, Zip: _____

Contact E-mail Address: _____

Type of Business: _____ *(Please be specific)*

Corporation Partnership LLC Proprietorship

Is this a Public Company? Yes No Does your company require a MSA? Yes No

State of Incorporation: _____ Date Business Started: _____

Federal ID #: _____ D&B#: _____ MC# _____

Subsidiaries or Affiliations: _____

President/CEO: _____ Controller: _____

Accounts Payable Contact: _____ Email: _____

TRADE REFERENCES

NOTE: Trade references must be relative to the last 90 days of business activity. Please include in this list at least one transportation company as a reference.

COMPANY NAME	CITY, STATE	PHONE, EMAIL, & FAX#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

APPLICANT HEREBY CERTIFIES THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE AND ACCURATE. THIS INFORMATION HAS BEEN FURNISHED WITH THE UNDERSTANDING THAT IT IS TO BE USED TO DETERMINE THE AMOUNT AND CONDITIONS OF THE CREDIT TO BE EXTENDED. FURTHERMORE, APPLICANT HEREBY AUTHORIZES UNITED VISION LOGISTICS TO RESEARCH CREDIT THROUGH THE ABOVE TRADE REFERENCES AND/OR A CREDIT-REPORTING AGENCY TO VERIFY INFORMATION CONCERNING CREDIT EXPERIENCE.

ALL INVOICES RENDERED BY UNITED VISION LOGISTICS ARE **NET 30 DAYS**. UNITED VISION LOGISTICS RESERVES THE RIGHT TO ASSESS ONE AND ONE-HALF PERCENT (1 1/2%) PER MONTH ON PAST DUE INDEBTEDNESS FOR COLLECTION, HANDLING, LATE FEES AND INTEREST. IN THE EVENT UNITED VISION LOGISTICS RETAINS THE SERVICES OF LEGAL COUNSEL OR A COLLECTION AGENCY TO COLLECT ANY OUTSTANDING INDEBTEDNESS, APPLICANT SHALL BE RESPONSIBLE FOR REASONABLE ATTORNEY AND COLLECTION AGENCY FEES OR COSTS.

SIGNATURE: _____

SIGNATURE: _____

PRINTED NAME: _____

PRINTED NAME: _____

TITLE: _____

TITLE: _____

COMPANY: _____

DATE: _____

DATE: _____



UVL TERMINAL #: _____ UVL TERMINAL CONTACT: _____

To provide an accurate invoice, please complete the following items:

Date: _____ Customer: _____

1. What reference information should appear on your invoice?
Please provide example next to selected items if available.

Purchase Order # _____ AFE # _____ Well Charge _____

Other(s) _____

2. UVL provides a standard waybill as proof of delivery. What additional backup paperwork is needed with your invoice?
i.e., Shipper's BOL, Scale Ticket, etc.

3. Do you have any additional invoice requirements not listed above?

4. Preferred delivery method of invoices?

Paper

Electronic/Portal

Portal Information _____

E-mail

E-mail Address: _____

Company's standard reference document can be submitted in lieu of completing page 1 of UVL's Credit Application. However, UVL requires the firm's legal name and signature on page 1 acknowledging Terms and Conditions.

Remit Credit Application and Customer Billing Information To:

United Vision Logistics

E-mail: new.customer@uvlogistics.com

Fax: 337-839-4104