## CDN Logistics, Inc. Application for Credit 317 W. Lake St.

Ph# (708) 344-5555 Fax# (708) 615-8805

Northlake, IL 60164 Date: \_\_\_\_\_

I/We herewith make application to CDN Logistics, Inc. (hereinafter "CDN") for credit or an increase or reconfirmation of our existing credit and account. The undersigned gives and grants CDN, or their agent, permission to verify all information stated herein at any time. I/We hereby agree that all granted credit shall be paid timely in accordance with CDN's normal terms. I/We do affirm that all information supplied is true and correct.

## PLEASE ANSWER ALL QUESTIONS

Company Name		Part	nership: Pr	oprietorship: Corporation:			
If Corporation, State & Year In	corporated:		Date Establis	ned:			
Federal ID#	Ту	ype of Business					
Phone#:	Fax#:		e-mail:				
Street Address:							
City:	State:	Zip:	How long at this address:				
Mailing Address:							
City:	State: Zip: How long at this address:						
Does Company Own Real Prop	erty: No		ddress:				
Do you pledge, factor or borrow	v accounts recei	vable: No:	Yes From	n Whom:			
Special Billing Instructions:							
amount of Credit Requested: Normal Payment Cycle:							
<u>L</u>	IST ALL BANK	X ACCOUNTS A	AND INFORI	<u>MATION</u>			
Name:	Acct#:		City:	State:			
Type of Account:	Cont	tact:	Phone:				
Name:	Acct#:		City:	State:			
Type of Account:	Cont	tact:	Phone:				
Signature to authorize release of	f hanking info	X		Title			

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## LIST ALL PRINCIPALS OF COMPANY WITH THEIR TITLES

Name:	Title: _			SS#:					
Home Address:	City:	Sta	ate:	Zip	Own:	Rent:			
Name:	Title: _		S	SS#:					
Home Address:	City:	Sta	ate:	Zip	Own:	Rent:			
Name:	Title: _		S	SS#:					
Home Address:	City:	Sta	ate:	Zip	Own:	Rent:			
	COMPANY SI	UPPLIERS / REFER	RENCES	-					
Name:	City:	State:	Ph#:		Contact:				
Name:	City:	State:	Ph#:		Contact:				
Name:	City:	State:	Ph#:		Contact:				
authorize my/our bank to apply for credit on behalf of effect and will apply to any	terms and conditions containerelease general information to of the above named entity. That y and all invoices thereafter.	CDN if they so re	equest. I full of	further de any invoic	clare that I have es, this agreemen	the authority to nt will remain in			
		Date:							
Signature: X		Print N	ame & '	Title:					
	PERSON	NAL GUARANT	<u>ee</u>						
the future for all monies application and who have	act as a personal guarantor an owned by the Company, On been extended credit both now voked or rescinded if any balant recovery rights.	rganization, Perso and in the future.	ns, or ( Guaran	Corporation tor recogn	ns who have sig izes, understands	gned this credit and agrees that			
Guarantor: X	nust be Owner, Partner, or Offi	Guarantor: X							
Signature r	nust be Owner, Partner, or Offi	icer							
Signature: Witness/Agent	of CDN Logistics, Inc: X				_ Date:				

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