APPLICATION FOR CREDIT

ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE - ALL INFORMATION MUST BE FILLED OUT

send to Kevin@VieLogistics.com **CREDIT TERMS ARE NET 15**

COMPANY NAME _____

COMPANY TYPE: ____ CORPORATION 'S' or 'C' - ___ PARTNERSHIP ___ PROPRIETORSHIP __ OTHER

PHONE_____ FAX _____

FIRST NAME _____ LAST NAME _____

ADDRESS _____ # OF YEARS AT CURRENT ADDRESS _____

CITY_____ STATE _____ ZIP _____

A/P CONTACT NAME/PHONE _____

A/P CONTACT EMAIL AND COMPANY WEB SITE _____

PRESIDENT: _____ ADDRESS_____

CONTROLLER: _____ ADDRESS_____

OPERATIONS: _____ ADDRESS_____

BANK_____ PH: ( )_____ FX ( ) _____

BANK ADDRESS_____ ACCOUNT REP_____

CITY/STATE/ZIP_____ ACCT #_____

REFERENCES

NAME	ADDRESS	CITY/ST/ZIP	PHONE	FAX	CONTACT
NAME	ADDRESS	CITY/ST/ZIP	PHONE	FAX	CONTACT
NAME	ADDRESS	CITY/ST/ZIP	PHONE	FAX	CONTACT

I/We certify that the above information is true and correct, and that we can and will comply with Vie Logistics, Inc's credit terms. I/We agree to pay a late charge of 1½% per month on any and all invoices not timely paid in full. I/We further agree to pay any collection costs, including attorney's fees incurred by Vie Logistics, Inc., in collecting amounts due.

AUTHORIZED SIGNATURE _____ TITLE _____ DATE ____/___/____

AUTHORIZED SIGNATURE _____ TITLE _____ DATE ____/___/____