

CREDIT APPLICATION

COMPANY NAME:

Billing Address: _____

Shipping Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

ACCOUNTS PAYABLE CONTACT INFORMATION: Telephone: _____

Mobile: _____ Fax: _____

E-mail: _____ Web Site: _____

Mark appropriate business type: Corporation Partnership Proprietorship Other

Country of Incorporation: _____ Year Established: _____

If Subsidiary, branch, or division, location of parent company or home office:

List two officers, partners or owners:

Name: _____ Title: _____

Name: _____ Title: _____

BANK REFERENCE (US Bank if available): Checking: Savings:

Bank/Branch: _____ Account No: _____

Officer or Department: _____ Telephone: _____

Point of contact: _____

BUSINESS REFERENCES (US, UK, or Australian businesses preferred):

1. Company: _____ Address: _____

Phone: _____ Fax: _____ Contact Person: _____

2. Company: _____ Address: _____

Phone: _____ Fax: _____ Contact Person: _____

ACKNOWLEDGEMENT:

The information provided in this credit application is truthful and accurate to the best of my knowledge. We agree that all purchases made from SynchroNet Intermodal Services, Inc. by this company or by any employee of this company will be paid in accordance with the agreed upon terms.

Printed Name: _____ Title: _____

Signed: _____ Date: _____

SynchroNet Intermodal
Services, Inc.

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