

driving the road ahead

CREDIT APPLICATION

Please return to: UNITED WORLD CARGO LIMITED

Suite 201 - 221 West Esplanade Ave. North Vancouver, BC V7M 3J3 Toll Free Tel: (877) 273-7470 Toll Free Fax: (866) 986-7401

Company Name:	-					
Street Address:						
	Street		City			Province/State
	Postal/Zip	Code			Country	
Mailing Address:						
	Street		City			Province/State
	Postal/Zip	Code			Country	
Phone Nur	mber:			Fax Number:		
						
COMPANY INFOR	RMATION	:				
Type of Business:			In Business	Since:		
Type: (select from dro	p down)					
Name of Owner(s)/Pre	esident:					
		Name			Title	
Name of Owner(s)/Pre	esident:					
		Name			Title	
Incorporation #:				or Federal ID No.:		
Country/State of Incorporation: How many year in businesses:			DUNS No. DRC No.:			
now many year in bus	siriesses.		DRC No			
ACCOUNTS PAY	ABLE CO	NTACT:				
Parson our gradit dans	artmont cha	uld contact concorning payment question	6:			
Person our credit department should contact concerning payment questi Accounts Payable Contact(s):		J.	Phone#			
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Accounts Payable Email:			Fax#:			
TD 4 DE DEEEDEN	1050 (DI					
IRADE REFEREN	NCES (PIE	ease provide at least three):				
1. Company Name:			Accoun	t Contact Name:		
Address:			_			
			_	Fax No.:		
2. Company Name:			Accoun	t Contact Name:		
Address:						
			<u> </u>	Fax No.:		
3. Company Name:		Accoun	t Contact Name:		_	
Address:	•		_	Phone No.: Fax No.:	•	
			_	rax No	•	_
BANK REFEREN	CES/INFC	PRMATION:				
Name of Bank:			Name	of Bank Contact:		
Address:				ABA/Swift Code:		
			_	Account No.:		
Please attach your mo	ost recent au	udited Financial Statements:	Yes	No		
The undersigned auth	orizes Unite	d World Cargo Limited to obtain trade an	d bank references	s as indicated in th	ne applicatio	n.
I herby certify that the conditions of the credi	information	contained herein is complete and accura	te. This informati	on has been furni	shed with the	e understanding that it is to be used to determine the amount and atton to release necessary information to the company for which credit
is being applied for in	order to ver	ify the information contained herein.				
Signature:			Dat	re•		

Signature: Date:

Authorized Agent/Officer of the Applicant Company