

Econocaribe Consolidators, Inc.

2401 NW 69 Street

Miami, FL 33147-6883

Phone: 305-693-5133 / Fax: 305-694-3133

CREDIT APPLICATION / CUSTOMER PROFILE

FEIN: 59-1428228

Type of Service: <input type="checkbox"/> LCL Export <input type="checkbox"/> FCL Export <input type="checkbox"/> Air Export <input type="checkbox"/> Import <input type="checkbox"/> Other
Cust. Classification: <input type="checkbox"/> Shipper <input type="checkbox"/> F.Forwarder / FMC Lic # _____ <input type="checkbox"/> NVOCC <input type="checkbox"/> Other

Anticipated Monthly Freight Charges: \$ _____	Econocaribe Sales / Contact Name: _____	Approved Credit Limit: \$ _____	Approved by: _____	Date: _____
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COMPANY BACKGROUND

COMPANY/TRADE NAME: _____		Econocaribe Account # _____
STREET ADDRESS: _____		CITY _____ STATE _____ ZIP _____
CORPORATIONS: Date of Incorporation _____ State of Incorporation _____ EIN NO. _____	SOLE PROPRIETORS Date Started _____ Soc. Sec # _____	PARTNERSHIPS Date Started _____ EIN # _____

BANK REFERENCES (required)

BANK NAME _____	FAX# _____	Phone# _____
STREET ADDRESS _____	CITY _____	STATE _____ ZIP _____
ACCOUNT # _____	CONTACT NAME: _____	

COMMERCIAL / TRADE REFERENCES(required)

NAME _____	CONTACT NAME _____	PHONE # _____
STREET ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME _____	CONTACT NAME _____	PHONE # _____
STREET ADDRESS _____	CITY _____	STATE _____ ZIP _____
NAME _____	CONTACT NAME _____	PHONE # _____
STREET ADDRESS _____	CITY _____	STATE _____ ZIP _____

INVOICING INFORMATION (mailing address for invoices)

COMPANY NAME _____	PHONE # _____	FAX # _____
STREET ADDRESS _____	CITY _____	STATE _____ ZIP _____
ACCOUNTS PAYABLE CONTACT: _____	E-MAIL ADDRESS: _____	

I, the undersigned, represent that the above information is true & correct as of the date thereof. I am aware that falsification of any of this information may result in denial of credit by Econocaribe Consolidators, Inc. My signature below indicates my permission for Econocaribe Consolidators, Inc. to obtain credit information from the sources I have referenced and any and all credit agencies available to Econocaribe Consolidators, Inc.

We agree to be unconditionally responsible for all freight or other charges for which credit has been extended pursuant to this Application and Agreement and to submit payment for all charges according to applicable credit terms. Econocaribe may deny this application or, it may cancel such credit with respect to future shipments upon notice to us.

Credit terms (once approved) are net **15 days FCL Export and all Import Freight, 30 days LCL Export** from invoice date unless otherwise noted.

Authorized Signature (REQUIRED)

_____ NAME (PRINT)	_____ TITLE
_____ SIGNATURE	_____ DATE