



170 East Sunrise Highway  
Valley Stream, NY 11581  
Phone: (516) 599-5480  
Fax: (516) 599-7272

FMC License number: 16886N

NVOCC

info@maritransltd.com

## Credit Application

The undersigned company is applying for credit with and agrees to abide by the standard terms and conditions of this application.

\_\_\_\_\_  
Company name  
\_\_\_\_\_  
DBA (if different)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\*ACCOUNTS PAYABLE CONTACT PERSON  
\_\_\_\_\_  
\*EMAIL ADDRESS  
\_\_\_\_\_  
\*PHONE \_\_\_\_\_ \*FAX \_\_\_\_\_  
\_\_\_\_\_  
Federal tax ID or Social Security number.  
\_\_\_\_\_  
Type of business \_\_\_\_\_ No. of employees \_\_\_\_\_  
\_\_\_\_\_  
Date business established  
\_\_\_\_\_  
Amount of credit requested \$ \_\_\_\_\_

Are you a:

CORPORATION

State of incorporation \_\_\_\_\_

Names, titles, and addresses of your three chief corporate officers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of your resident agent

\_\_\_\_\_

PARTNERSHIP

Names and addresses of the partners

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOLE PROPRIETORSHIP

Are you sales tax exempt?

Yes

No

Have you ever had credit with us before?

Yes

No

If yes, under what name?

\_\_\_\_\_

**TRADE REFERENCES**

Reference #1      Name  
                          Address  
                          Phone

Reference #2      Name  
                          Address  
                          Phone

Reference #3      Name  
                          Address  
                          Phone

**BANK REFERENCES**

Bank#1            Account #  
                          Phone  
                          Fax  
                          Contact person  
                          Name of bank  
                          Address

Bank#2            Account #  
                          Phone  
                          Fax  
                          Contact person  
                          Name of bank  
                          Address

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

**Authorized signature:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE**

1. All bills become payable in full on the 30th day after the invoiced date and
2. If bills are not paid during the 30 day period the invoices are considered past due.
3. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
4. **PERSONAL GUARANTEE:** If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all services completed on credit by MariTrans Shipping, Ltd.