

## THE PASHA GROUP **CUSTOMER CREDIT APPLICATION**

Date:

| Credit Line Requested:  |                       | Date:     |              |
|---|-----------------------|-----------|--------------|
| Pasha Business Unit: Oversize Cargo   |                       |           |              |
| CUSTOMER INFORMATION  |                       |           |              |
| CUSTOMER NAME:  | 000101122111110111111 |           |              |
| ADDRESS:  |                       |           |              |
| CITY:   | STATI                 | E:        | ZIP CODE:    |
| BILLING CONTACT:  | PHONE:                |           |              |
| BUSINESS TAX ID:  | NESS TAX ID: DUNS #:  |           |              |
| YEARS IN BUSINESS:  | BANKRUPT IN PAST 3    | YEARS:    | YES NO       |
| BANK REFERENCE  |                       |           |              |
| BANK NAME:  | A                     | CCOUNT #: |              |
| ADDRESS:  |                       |           |              |
| CITY:   | STAT                  | TE:       | ZIP CODE:    |
| CONTACT:  | PHON                  | NE:       |              |
| TRADE REFERENCES  |                       |           |              |
| REFERENCE 1   |                       |           |              |
| COMPANY NAME:   |                       |           |              |
| ADDRESS:  |                       |           |              |
| CONTACT: PHONE:   |                       |           |              |
| REFERENCE 2   |                       |           |              |
| COMPANY NAME:   |                       |           |              |
| ADDRESS:  |                       |           |              |
| CONTACT:  | PHON                  | NE:       |              |
| REFERENCE 3   |                       |           |              |
|   |                       |           |              |
| COMPANY NAME:  ADDRESS:   |                       |           |              |
| CONTACT: PHONE:   |                       |           |              |
| CONTACT.  |                       |           |              |
| In consideration for extension of credit, debtor agrees to (1) pay per the agreed upon terms, and (2) in the event it becomes necessary for creditor to either bring suit or employ a collection agency to aid in the recovery of any debt owed by the debtor, the creditor shall be entitled to recover, in addition to the amount of debt due, all of its costs and attorneys fees. The signature below authorizes the creditor to charge interest on outstanding balances past the agreed upon terms at a rate of the lesser of 1.5% per month (18% per annum) or the maximum permitted by law. All claims, request for adjustments, or notification of errors must be made in writing to Collection Dept. within thirty days or charges are considered accepted. Credit privileges may be withdrawn at any time without invalidating the terms of this agreement. |                       |           |              |
| We hereby authorize the above listed Trade and Bank References to release information to The Pasha Group for use in the evaluation of the request for credit.   |                       |           |              |
| Authorized Signature:   |                       |           | Date:        |
| Title:  |                       |           |              |
| Return completed application to:  |                       |           |              |
| The Pasha Group   |                       |           |              |
| Name:   | Susan Sullivan        | Fax:      | 415-927-9768 |
| Phone Number:   |                       | I u.a.    |              |
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