

WORLDCRAFT LOGISTICS LLC
1861 Mountain View Ave, Loma Linda, CA
Phone: 909-632-1643 Accounting Email: ar@worldcraftlogistics.com

Credit Application and Vendor Data Sheet

GENERAL INFORMATION:

1. Firm or Business Name: _____
2. Doing Business As (DBA): _____
3. Street Address: _____
4. Billing Address: _____
5. City _____ State _____ Zipcode _____
6. Telephone _____ 7. Fax _____
8. Billing address or invoicing email address if email delivery preferred:

****Do you need our bank information for ACH/EFT payments? __Yes __No**

9. Accounts Payable Contact Name: _____
10. Accounts Payable Email Address: _____
11. Accounts Payable Contact Phone: _____
12. Years in Business _____ 13. Federal Tax Number: _____
14. Type of Business: ___Sole Proprietorship ___Corporation ___LLC
 ___Partnership ___Subsidiary

15. Proprietor, Partners, Officers, if incorporated:

- | | |
|-------------|--------------|
| Name: _____ | Title: _____ |
| Name: _____ | Title: _____ |
| Name: _____ | Title: _____ |
| Name: _____ | Title: _____ |

16. Year Business Established: _____
17. Years At Present Location: _____

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CREDIT REFERENCES: (Please provide a minimum of three)

1. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____
Fax Number: _____
Contact Person: _____ **Title:** _____
E-Mail Address: _____
How Long Have You Been Doing Business With This Company? _____

2. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____
Fax Number: _____
Contact Person: _____ **Title:** _____
E-Mail Address: _____
How Long Have You Been Doing Business With This Company? _____

3. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____
Fax Number: _____
Contact Person: _____ **Title:** _____
E-Mail Address: _____
How Long Have You Been Doing Business With This Company? _____

4. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____
Fax Number: _____
Contact Person: _____ **Title:** _____
E-Mail Address: _____
How Long Have You Been Doing Business With This Company? _____

5. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____
Fax Number: _____
Contact Person: _____ **Title:** _____
E-Mail Address: _____
How Long Have You Been Doing Business With This Company? _____

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AUTHORIZATION FOR RELEASE OF INFORMATION AND TERMS OF ACCOUNT:

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a vendor relationship with Yqtnfetchv"Nqikuvkeu"NNE. I hereby agree that Yqtnfetchv"Nqikuvkeu"NNE may investigate my credit and business record and that Yqtnfetchv"Nqikuvkeu"NNE may furnish this authorization to secure the information they need to establish a business relationship.

Terms of Account: NET 30 from date of invoice

In consideration of the extension of credit to the Applicant by Yqtnfetchv"Nqikuvkeu"NNE, the Applicant agrees to pay for services rendered or funds advanced on behalf of the applicant within stated Net 30 terms and in accordance with Worldcraft Logistics LLC's terms and conditions. Applicant acknowledges that a monthly 1.5% service charge shall be made against all sums due Yqtnfetchv"Nqikuvkeu"NNE. which have not been paid according to terms. Should it become necessary to place the account with an outside collection agency or attorney, the Applicant agrees to pay all collection and attorney fees – in addition to any and all other fees and sums incurred and due as part of the collection process. The Applicant authorizes Yqtnfetchv"Nqikuvkeu"NNE to obtain credit, financial, and business information concerning Applicant at any time and from any source. The undersigned warrants that they have read and fully understand this document, that all information provided by the Applicant is true and correct, and that they are authorized to both enter into this agreement and accept its terms with their signature, below.

aaaaaa aaaaaaaaaaaaaaaaaaaaaa	
Company Requesting Credit	D/B/A If Applicable
Name of Authorized Representative	Title
Signature of Authorized Representative	Date