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INTERNATIONAL  
LOGISTICS SERVICES



CNS ENDORSED AGENT

## CREDIT APPLICATION

### Account Profile

Company Name

Physical Address

City

State

Zip

Main Phone

Main Fax

Mailing Address (if any)

Organization Form

- Corporation (State \_\_\_ )  
 Partnership  
 Individual Subsidiary  
 Other ( \_\_\_\_\_ )

Federal Tax I.D.#

Incorporation Date

Length of time in business

No. of employees

E-mail Address (if any)

Web Site (if any)

### Principal Owner, Partner or Officer:

Owner / President / CEO

Home Address

City

State

Zip

I authorize trade and bank information to be released

Authorized Signature

Date

The information contained herein is confidential and is true and reliable.

### Bank Reference 1

Bank Name

Physical Address

City

State

Zip

Account #

Phone

Officer

Verified by:

Account Type

- Checking  
 Commercial  
 Loan  
 Saving  
 Other ( \_\_\_\_\_ )

### Bank Reference 2 (if any)

Bank Name

Account #

Phone

Physical Address \_\_\_\_\_

City \_\_\_\_\_

Sate \_\_\_\_\_ Zip \_\_\_\_\_

Officer \_\_\_\_\_

Account Type \_\_\_\_\_

Verified by: \_\_\_\_\_

- Checking
- Commercial
- Loan
- Saving
- Other ( \_\_\_\_\_ )

## Trade Reference 1

Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_

Sate \_\_\_\_\_ Zip \_\_\_\_\_

Type Of Business \_\_\_\_\_

Officer \_\_\_\_\_

Terms \_\_\_\_\_

Phone \_\_\_\_\_

Verified by: \_\_\_\_\_

## Trade Reference 2

Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_

Sate \_\_\_\_\_ Zip \_\_\_\_\_

Type Of Business \_\_\_\_\_

Officer \_\_\_\_\_

Terms \_\_\_\_\_

Phone \_\_\_\_\_

Verified by: \_\_\_\_\_

## Trade Reference 3 (if any)

Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_

Sate \_\_\_\_\_ Zip \_\_\_\_\_

Type Of Business \_\_\_\_\_

Officer \_\_\_\_\_

Terms \_\_\_\_\_

Phone \_\_\_\_\_

Verified by: \_\_\_\_\_