

CONFIDENTIAL APPLICATION FOR CREDIT



Telephone :
(630) 203-3500 or (800) 325-0325
Fax No :
(630) 495-6115

Matson Integrated Logistics
Attn: Credit Department
17W635 Butterfield Rd., Suite 200
Oakbrook Terrace, IL 60181

Customer Name _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone Number (____) _____ Fax Number (____) _____
Customer Contact Person(s) _____

CUSTOMER INFORMATION:

Is this a Division/Branch/Subsidiary? _____ Wholly Owned? _____
Name of Parent Company _____
Address _____
City _____ State _____ Zip _____
Federal Tax Number _____ State Tax Number _____
Dun & Bradstreet Identification Number _____
Type of Business _____ Industry _____
Date Incorporated _____ State Incorporated _____

CORPORATE OFFICER/OWNER DETAIL:

Name _____ Title _____ Social Security # _____
Residential Address _____
City _____ State _____ Zip _____
Phone Number (____) _____

Name _____ Title _____ Social Security # _____
Residential Address _____
City _____ State _____ Zip _____
Phone Number (____) _____

Name _____ Title _____ Social Security # _____
Residential Address _____
City _____ State _____ Zip _____
Phone Number (____) _____

**** Payment Terms : Net 30 Days Due in U.S. Dollars ****

BANK/CREDIT REFERENCES:

Principal Bank Name _____
Address _____
City _____ State _____ Zip _____
Phone Number (____) _____ Fax Number (____) _____
Bank Representative _____ Type of Account _____
Account # _____

Credit Reference Name _____ Business _____
Address _____
City _____ State _____ Zip _____
Phone Number (____) _____ Contact Person _____ Credit Line \$ _____
Fax Number (____) _____

Credit Reference Name _____ Business _____
Address _____
City _____ State _____ Zip _____
Phone Number (____) _____ Contact Person _____ Credit Line \$ _____
Fax Number (____) _____

Credit Reference Name _____ Business _____
Address _____
City _____ State _____ Zip _____
Phone Number (____) _____ Contact Person _____ Credit Line \$ _____
Fax Number (____) _____

Credit Reference Name _____ Business _____
Address _____
City _____ State _____ Zip _____
Phone Number (____) _____ Contact Person _____ Credit Line \$ _____
Fax Number (____) _____

Have you had an account with a Matson Company before? _____ If so, when? _____
Expected monthly freight charges \$ _____
Do you have a Matson Representative? _____ Name _____
If not, would you like us to assign one? _____

**IMPORTANT: LATEST FINANCIAL STATEMENTS OR TAX RETURNS
MUST BE SUBMITTED WITH THIS APPLICATION**

Applicant certifies that the information above and all information accompanying this application is true and correct. Applicant authorizes Matson to solicit and obtain credit information from the references above and from any other source. Applicant authorizes the references above and all other credit sources to disclose credit information to Matson. Matson will not disclose credit information about the applicant to any other person without applicant's prior written approval. Applicant agrees to pay all charges in accordance with applicable tariffs and/or terms, which will be provided or explained by applicant's Customer Sales Representative upon request.

SIGNATURE _____

TITLE _____ DATE _____
(MUST BE AN OFFICER OR MAJORITY OWNER)