

COSCO APPLICATION FOR CREDIT

MAIL TO: Your local COSCO office:

<http://www.cosco-usa.com/offices/North%20American%20Offices.htm>

Applicant hereby applies for credit in accordance with the terms and conditions of the Credit Agreement.

Information on this document will remain confidential.

(Completion of all sections will speed processing)

Legal Name of Company _____ D & B No. _____

DBA and/or Trade Name _____

These are affiliates and you will be responsible for them using your credit.

P.O. Box Address City State Zip

Present Street Address *(Must be included)*

City State Zip

How long at present address? Telephone Number

Fax No. Telex No. Email

Please Check 1:

Corporation___ Partnership___ Indiv.Prop___ Other___ (Please specify)

Type of Company:

Shipper___ NVOCC___ Other___ (Please Specify)_____

Officers and/or Owners

Title

1. _____
2. _____
3. _____

Person(s) to Contact Regarding Financial Matters

1. _____
2. _____

Name of Personal Specifically in Charge of Accounts Payable

Date Business Started: _____

Incorporated in the State of _____

Number of Employees _____

FINANCIAL REFERENCES

Company Bank Name (1) _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____
(required to speed processing)

Account Number(s) (Required)

Checking _____

Savings _____

Credit Line _____

Other (please specify) _____

Bank Officer(s) to Contact

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Company Bank Name (2) _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Account Number(s) (Required)

Checking _____

Savings _____

Credit Line _____

Other (Please Specify) _____

Bank Officer(s) to Contact

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

TRADE REFERENCES (Must list three).

Kindly list those with whom you have a line of credit similar or greater than for which you are requesting:

(1) Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Email : _____

Number of Years Doing Business Together _____

Account Number (if required) _____

(2) Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Email : _____

Number of Years Doing Business Together _____

Account Number (if required) _____

(3) Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Email : _____

Number of Years Doing Business Together _____

Account Number (if required) _____

GENERAL INFORMATION

Credit Limit Requested: _____

Anticipated Monthly Volume: _____

CREDIT AGREEMENT

In consideration of extension of credit through the issuance and release of prepaid Bills of Lading by Cosco Container Lines Company Limited, and the extension of credit for prepaid charges on freight collect shipments, the undersigned, on behalf of the company hereby apply for such credit under the following terms and conditions. For cargo loaded at North American ports through us directly or through our duly authorized freight forwarder(s), per attached listing, we, as shipper, hereby agree as follows:

1. Receipt of all Bills of Lading so issued shall be signed by us or by the freight forwarders receiving them on our behalf as it is required by COSCO.
2. We will absolutely and unconditionally be responsible to COSCO for payment of all freight and other charges due within fifteen (15) calendar days (inclusive of Saturdays, Sundays and Legal Holidays) after the date of the respective Bills of Lading and guarantee that all such monies due will be paid within that period irrespective of whether or not funds for payment have been given by us to the freight forwarder or otherwise. Beyond this, we request special consideration as noted:

3. We accept that Cosco Container Lines Company Limited has the right to suspend this agreement or modify its terms at any time without notification. Credit privileges granted hereunder will be suspended for any failure to comply with provision of this agreement (without notification) and shall be reinstated only upon COSCO's discretion.
4. This agreement shall become effective on the date of its approval by COSCO, and shall continue in effect unless terminated by either party (as long as no monies are outstanding.) COSCO reserves the right to at any time suspend the granting of credit and to require an updated credit application and credit check before credit is resumed.

5. We have listed three (3) credit references and our principal bank(s) and hereby authorize each of our credit references and principal bank(s) to make full disclosure to COSCO of credit information concerning us. We also permit COSCO to make appropriate credit check inquiries as are standard in their procedures.

Upon approval of credit by Cosco Container Lines Company Limited, we agree to the above terms of credit. It is understood that credit terms are fifteen (15) calendar days from Bill of Lading date.

MUST BE SIGNED BY A CORPORATE OFFICER

Date _____ By _____
(Print Name)

Title _____ Signature _____

The following forwarder(s) is/are authorized to act in our behalf. We agree to be responsible for liabilities they create in our interest. Further, we agree to be responsible for liabilities created by any other forwarders appointed to act on our behalf, which may not be listed below:

The undersigned furnishes the above information for purposes of determining credit line and certifies that all above information is complete, factual, and correct and understands that COSCO will rely on the accuracy of this information for any credit that may be executed. Cosco Container Lines Company Limited and their agents are hereby authorized to contact any parties from any source and to verify any information contained on this credit application. The undersigned waived any privacy of credit information rights or regulations.

If any representations made on the application prove to be untrue, the undersigned agrees that all obligations of the applicant to, or held by COSCO or their agents shall immediately become due and fully payable without demand or notice.

The undersigned hereby acknowledges receipt of a copy of this credit application.

Signed _____ By _____
(Print Name)

Date _____ Title _____