



Hollingsworth

Supply Chain Innovators

Hollingsworth Logistics Group, L.L.C.
 14225 West Warren Avenue
 Dearborn, MI 48126
 PH: (313) 768-1400
www.hglc.com

CONFIDENTIAL APPLICATION FOR CREDIT WITH (choose one)	Hollingsworth Logistics Group, L.L.C.
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Completed forms need to be submitted to SAPCustomerRequests@hglc.com.

If you have any questions or concerns regarding your credit application, please contact:

Credit and Collections Analyst
 Email: SAPCustomerRequests@hglc.com

Company Information

Business Name	<input style="width:95%;" type="text"/>	Phone	<input style="width:95%;" type="text"/>	Fax	<input style="width:95%;" type="text"/>
Address	<input style="width:95%;" type="text"/>	City	<input style="width:95%;" type="text"/>	State	<input style="width:95%;" type="text"/>
Federal Tax ID No.	<input style="width:95%;" type="text"/>	D & B No.	<input style="width:95%;" type="text"/>		Year Est.
Business Type:	Corporation <input style="width:60%;" type="text"/>	L.L.C.	<input style="width:60%;" type="text"/>	Partnership	<input style="width:60%;" type="text"/>
				Proprietorship	<input style="width:60%;" type="text"/>

Contact Information

Principal	<input style="width:95%;" type="text"/>	Address	<input style="width:95%;" type="text"/>	Title	<input style="width:95%;" type="text"/>
Principal	<input style="width:95%;" type="text"/>	Address	<input style="width:95%;" type="text"/>	Title	<input style="width:95%;" type="text"/>

The following contacts should be used for financial and accounts payable inquiries:

Name	<input style="width:95%;" type="text"/>	Title	<input style="width:95%;" type="text"/>	Phone	<input style="width:95%;" type="text"/>
				Email	<input style="width:95%;" type="text"/>
Name	<input style="width:95%;" type="text"/>	Title	<input style="width:95%;" type="text"/>	Phone	<input style="width:95%;" type="text"/>
				Email	<input style="width:95%;" type="text"/>

Billing Information

Address	<input style="width:95%;" type="text"/>	City	<input style="width:95%;" type="text"/>	State	<input style="width:95%;" type="text"/>
				Zip Code	<input style="width:95%;" type="text"/>
<input style="width:60%;" type="text"/>	Email Invoices	Email	<input style="width:95%;" type="text"/>		Attn.
<input style="width:60%;" type="text"/>	Mail Invoices				<input style="width:60%;" type="text"/>

Trade References

Business Name Phone

Address City State Zip Code

Contact Email

Name Phone

Address City State Zip Code

Contact Email

Name Phone

Address City State Zip Code

Contact Email

Name Phone

Address City State Zip Code

Contact Email

Financial Information

Describe Nature of Business Number of Active Customers

Amount of Credit Line Requested \$ Estimated Monthly Purchases \$ Annual Purchases \$

***Financial Statements are required for Credit Lines greater than \$10,000. Financial Statements Attached

Expected Date of First Order Order Amount \$

Sales Tax Exempt No. Exempt Form Attached

Bank Information

Name Account No.

Address City State Zip Code

Contact Phone Email

Payment Method

ACH EFT Check

We declare that:

- * The above information is provided for the purpose of obtaining credit and is warranted to be true.
- * A representative of Hollingsworth Logistics Group is authorized to investigate the references listed as they pertain to our credit and financial responsibility.
- * Payment Terms will be determined upon a complete credit review.
- * By submitting this credit application, we agree to abide by Hollingsworth Logistics Group's Terms and Conditions of Sale, as amended from time to time at HLG's sole option and to pay invoices in accordance with the Terms.

Name of Person Completing Form Title Date

Authorized Financial Officer Title Date

*** Please note that this application must be authorized by a financial officer of the company applying and all information included herein will be kept confidential.