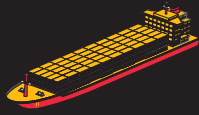


**PARAMOUNT**  
TRANSPORTATION  
**LOGISTICS**  
SERVICES, L.L.C.



Paramount Transportation  
Logistics Services, L.L.C.  
7920 College Parkway, Suite 200  
Fort Myers, FL 33901  
239-267-0609  
FMC: 021717NF Licensed & Bonded

*For office use only:*

Date Appl. Rec'd: \_\_\_/\_\_\_/\_\_\_  
Credit Approved? Y / N  
Initial Credit Limits: \_\_\_\_\_

**CUSTOMER INFORMATION**

Company Name:	Federal ID #:
Billing Address:	A/P Contact Name:
	A/P Telephone & Ext.: ( )
Physical Address:	A/P Email Address:
Telephone Number: ( )	Year Business Started:
Fax Number: ( )	
D & B Number: ( )	
Your Company Website: www.	

**Bank Reference**

Bank Name	
Bank Contact	
Phone Number	
Checking Account Number	

**Credit References**

	Company Name	Contact Name	Phone #	Fax #	Address, City, ST & Zip
1)			( )	( )	
2)			( )	( )	
3)			( )	( )	
4)			( )	( )	

Commodity:

Value of Cargo: \$

**Terms and Conditions:**

1. Applicant hereby certifies that the information furnished in this application is true and correct.
2. Our payment receiving terms are based upon rate quotation.
3. Applicant affirms that the financial condition of the business is satisfactory and all financial obligations can be met.
4. Finance charge of 1.5% per month (18% annum) added to accounts based upon terms.
5. Applicant affirms that there are no open judgements, suits, or liens against company.
6. In the event that Paramount Logistics deems it necessary to utilize the services of a collection agency or attorney to collect any amounts due, applicant agrees to pay all collection costs, attorney fees, and court costs.
7. Applicant understands that Paramount Logistics does report payment experiences to credit reporting agencies.
8. Applicant will notify Paramount Logistics of any change in ownership.
9. By signing this credit application, authorization is hereby given to Paramount Logistics to contact any or all credit/bank references provided.
10. Applicants understand OTI NVOCC OFF does not carry insurance unless customer states differently. If customer requests insurance, please indicate via email to us and we will quote on a per shipment basis.

**Authorized Company Representative:**

<b>Signature</b>	<b>Print Name</b>	<b>Title</b>	<b>Date</b>

**Please FAX or EMAIL completed/signed credit application to:**

Paramount Transportation Logistics Services, LLC: Attn: Customer Relations  
FAX: (937) 655-5372 OR EMAIL: traffic@goptls.com