



STARLINK FREIGHT SYSTEM INC.
STARLINK CONSOLIDATION SERVICE INC.

3780 W. CENTURY BLVD., INGLEWOOD, CA 90303 TEL: 310-673-9988 FAX: 310-673-9898

CREDIT APPLICATION

Firm name _____
 Street address _____
 City _____ State _____ Zip Code _____
 Mailing address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Email _____
 DBA _____ Federal Tax ID _____
 Type of Business _____ Years in Business _____
 Date Established _____ State/County/City License? (Y/N) _____ License # _____

OWNERSHIP: Sole Owner _____ Partnership _____ Corporation _____
 Principal Name _____ Title _____
 SSN# _____ Home address _____

TRADE REFERENCES: Name suppliers of major products and services

	Name	Address/Phone
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

BANK REFERENCE: _____ Checking _____ Loan _____ Savings _____

1) Name _____ Address _____
 Acct# _____ Contact _____

2) Name _____ Address _____
 Acct# _____ Contact _____

3) Name _____ Address _____
 Acct# _____ Contact _____

Number of Employees _____ Estimated Annual Sales \$ _____
 Has the firm or any of its Principals ever been bankrupt? Yes _____ No _____

If yes, please Explain: _____

Credit Line Required _____ Term _____ Days _____

Attache Current Financial Statement (If available)

The undersigned authorizes as to credit information. I/We further acknowledge that all charges will be paid within the specific credit terms (Account Credit agreement attached) of Starlink Freight System's invoice. Payment term will be changed to COD Term if there are unpaid outstanding rememing 10 days after the term day.

Date _____ Name (Type or Print) _____

Signature _____ Title _____