

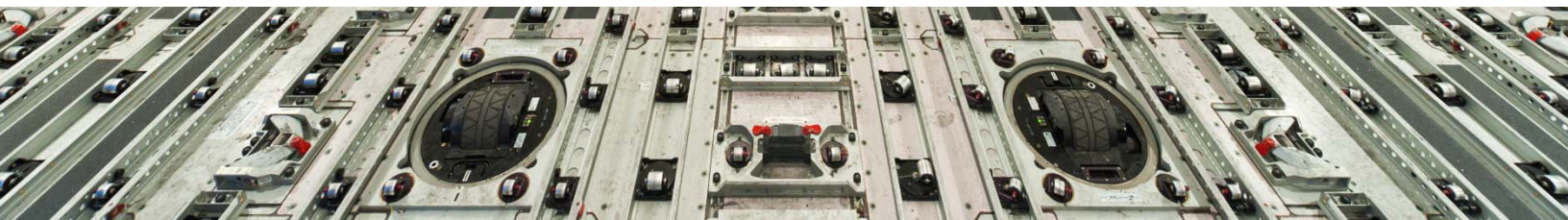


## CREDIT APPLICATION AND CHARGE AGREEMENT

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

For the purposes of obtaining credit from **Intell SCM, LLC, D/B/A Island Cargo Support and related companies**, Applicant agrees as follows:

1. Applicant represents that the information supplied herein is in all respects complete, accurate and truthful. Applicant agrees to notify Island Cargo Support, and related companies promptly, in writing, of any changes in the information provided.
2. Applicant agrees to pay in full (without deduction or setoff) to the order of *Island Cargo Support* and related companies, 12911 Simms Avenue, Hawthorne, CA 90250 (USA), at its offices, for services rendered, for all charges per the terms of the quote and invoice. In the event that an account remains unpaid outside the above terms, your complete account will become payable on demand. Any amounts not paid when due shall bear interest thereon at a rate equal to 10% percent per annum or the highest rate of interest allowed by law computed from the billing date to the date of payment.
3. If applicant's account is placed or given to an attorney for collection, Applicant shall pay the expenses of collection and attempted collection, court costs and reasonable attorney's fees in addition to other amounts due.
4. The failure of **Intell SCM, LLC**, and related companies to charge interest on Applicant's account or pursue any other remedy available to it shall not constitute a continuing waiver.
5. The acceptance of this application by **Island Cargo Support**, and related companies does not constitute an agreement to extend credit to Applicant or to provide services to Applicant. Each such determination shall be made at the time of delivery of freight for shipping.
6. Applicant hereby submits to the jurisdiction of Los Angeles and agrees that venue for any action arising under this application or by virtue of the provision of services (including the transport of freight) shall reside in the county of Los Angeles, California. **Island Cargo Support**, and related companies agrees to mail to Applicant's last known address any such service of process.
7. In the event Applicant or any affiliate of Applicant (i.e. a company or other entity under common control) defaults in the payment of any sums due to **Island Cargo Support**, and related companies, all other amounts due from Applicant or any affiliate shall be immediately due and payable, including any amounts due for freight in transit. Any bank charges for returned checks will be added to the amount owed. **Island Cargo Support** and related companies, has the option to collect a penalty up to three times the amount of the "insufficient funds" checks not to exceed \$500.00 per check.





In the event of such default, to the extent allowed under applicable law, Island Cargo Support, and related companies is hereby authorized by Applicant to take possession of any freight then being shipped by Applicant and hold the same until payment is made, with all the rights of a secured party under the Uniform Commercial Code.

8. Applicant agrees that Island Cargo Support, and related companies may setoff against monies due it from Applicant or any affiliate any monies owed by Island Cargo Support, and related companies to Applicant or any affiliate.
9. If any one or more of the above terms is invalid, illegal or unenforceable in any respect, such terms shall be waived, and the validity, legality and enforceability of the remaining terms shall not be affected.
10. All disputes must be submitted to Island Cargo Support, and related companies no later than 10 days following date of billing. Any billing not challenged within this period will be deemed accepted and it is agreed will not thereafter be subject to dispute by applicant. No adjustments will be accepted based only on verbal notification received by Island Cargo Support, and related companies representatives. Adjustments must be submitted in writing. All adjustments must reference either an invoice number or a waybill number, or both numbers, for which the adjustment is being made.

**I / We** have read, understand, and accept the above terms, and **I / We** have provided true information to the best of my/our knowledge. **I / We** understand that you may wish to periodically update the information given above. For the purpose of obtaining credit from **Island Cargo Support**, and related companies, Applicant hereby authorizes the company, or it's agents to whom application is made to investigate the Applicant's personal, partnership or corporate credit and financial responsibility. **I / We** have the authority to sign on behalf of the business described above.

**APPLICANT** \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE





Intell SCM, LLC  
 d/b/a Island Cargo Support  
 12911 Simms Avenue  
 Hawthorne, CA 90250

**COMPANY NAME**

ADDRESS – STREET CITY STATE ZIP CODE

ADDRESS – STREET CITY STATE ZIP CODE

DEPARTMENT, NAME AND TITLE OF INDIVIDUAL TO CONTACT REGARDING ISLAND CARGO SUPPORT'S BILLINGS PHONE NUMBER

PARENT COMPANY, IF ANY DIVISION OF SUBSIDIARY OF

TYPE OF BUSINESS IN BUSINESS SINCE? TAX I.D. NO.

APPLICANT'S BUSINESS IS: (PLEASE CHECK ONE)	CORPORATION	STATE OF INCORPORATION	LLC	PARTNERSHIP	PROPRIETORSHIP
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**BANK REFERENCE INFORMATION**

BANK NAME ACCOUNT NO. AND NAME CITY PHONE/FAX NUMBER BANK OFFICER

BANK NAME ACCOUNT NO. AND NAME CITY PHONE/FAX NUMBER BANK OFFICER

BANK NAME ACCOUNT NO. AND NAME CITY PHONE/FAX NUMBER BANK OFFICER

**TRADE REFERENCE INFORMATION REQUIRED**

NAME ADDRESS CITY/STATE ZIP CODE PHONE/FAX NUMBER

NAME ADDRESS CITY/STATE ZIP CODE PHONE/FAX NUMBER

NAME ADDRESS CITY/STATE ZIP CODE PHONE/FAX NUMBER

NAME ADDRESS CITY/STATE ZIP CODE PHONE/FAX NUMBER

**COMPANY PRINCIPALS**

Please list full name and home address of owners, partners or directors.  
 For Corporations list all offices and shareholders with 5% or more of outstanding shares.

NAME	HOME ADDRESS	CITY/STATE	ZIP CODE	<input type="checkbox"/> Owner	<input type="checkbox"/> Partner
				<input type="checkbox"/> Corporate Officer	<input type="checkbox"/> LLC Member

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