

OTI CARGO, INC

2401 NW 69 Street

Miami, FL 33147-6883

Phone: 305-691-0022 / Fax: 305-722-7723 / Email: aescobar@oticargo.com

CREDIT APPLICATION / CUSTOMER PROFILE

FEIN: 65-1123578

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|--|
| Type of Service: <input type="checkbox"/> LCL Export <input type="checkbox"/> FCL Export <input type="checkbox"/> Air Export <input type="checkbox"/> Import <input type="checkbox"/> Other |
| Customer Classification: <input type="checkbox"/> Shipper <input type="checkbox"/> Freight Forwarder <input type="checkbox"/> NVOCC <input type="checkbox"/> Other |

| | | | | |
|--|---------------------------------------|------------------------------------|--------------------|-------------|
| Anticipated Monthly Freight Charges: \$ _____ | OTI Cargo Sales / Contact Name: _____ | Approved Credit Limit: \$ _____ | Approved by: _____ | Date: _____ |
|--|---------------------------------------|------------------------------------|--------------------|-------------|

| COMPANY BACKGROUND | | | |
|------------------------------|--|--------------------|--------------------|
| COMPANY/TRADE NAME: | | OTI Account # | _____ |
| STREET ADDRESS: | | CITY | STATE ZIP |
| CORPORATIONS: | | SOLE PROPRIETORS | PARTNERSHIPS |
| Date of Incorporation _____ | | Date Started _____ | Date Started _____ |
| State of Incorporation _____ | | Soc. Sec # _____ | EIN # _____ |
| EIN NO. _____ | | | |

| BANK REFERENCES (required) | | | |
|----------------------------|---------------|--------|-----|
| BANK NAME | FAX# | Phone# | |
| STREET ADDRESS | CITY | STATE | ZIP |
| ACCOUNT # | CONTACT NAME: | | |

| COMMERCIAL / TRADE REFERENCES(required) | | | |
|---|--------------|---------|-----|
| NAME | CONTACT NAME | PHONE # | |
| STREET ADDRESS | CITY | STATE | ZIP |
| NAME | CONTACT NAME | PHONE # | |
| STREET ADDRESS | CITY | STATE | ZIP |
| NAME | CONTACT NAME | PHONE # | |
| STREET ADDRESS | CITY | STATE | ZIP |

| INVOICING INFORMATION (mailing address for invoices) | | | |
|--|-----------------|-------|-----|
| COMPANY NAME | PHONE # | FAX # | |
| STREET ADDRESS | CITY | STATE | ZIP |
| ACCOUNTS PAYABLE CONTACT: | E-MAIL ADDRESS: | | |

I, the undersigned, represent that the above information is true & correct as of the date thereof. I am aware that falsification of any of this information may result in denial of credit by OTI Cargo, Inc. My signature below indicates my permission for OTI Cargo, Inc. to obtain credit information from the sources I have referenced and any and all credit agencies available to OTI Cargo, Inc.

We agree to be unconditionally responsible for all freight or other charges for which credit has been extended pursuant to this Application and Agreement and to submit payment for all charges according to applicable credit terms. OTI Cargo, Inc. may deny this application or, it may cancel such credit with respect to future shipments upon notice to us.

Credit terms (once approved) are net **15 days FCL Export and all Import Freight, 30 days LCL Export** from invoice date unless otherwise noted.

| Authorized Signature (REQUIRED) | |
|---------------------------------|-------|
| NAME (PRINT) | TITLE |
| SIGNATURE | DATE |