

INTEGRATED LOGISTICS SERVICES, INC.

Sales Rep: _____ Date _____

Analyst: _____

Integrated Logistics Services, Inc.
3500 Old Airport Rd.
Wooster, OH 44691
Telephone (330) 264-7400
Facsimile (330) 264-7974
Attn: Accounts Receivable

Credit Application

CONSENT AGREEMENT

The undersigned hereby consent(s) to Integrated Logistics Services, Inc's use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Integrated Logistics Services, Inc to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as [an] individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @1681 et seq.

Authorized Signature	Title	Date
X		

COMPANY DATA

Legal Name:	Telephone:	
Trade Name(s):	Fax:	
Street Address:	Billing Address:	
Type of Company: <input type="checkbox"/> C Corporation <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other		
Are you current on all applicable franchise taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, please explain:		
Bankruptcy <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when filed? _____ <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Other		
Date Started:	Dun & Bradstreet No. (DUNS No.):	
Date Incorporated:	Federal Tax ID:	
State of Incorporation:	Parent Company Name:	
Accounts Payable Contact:	Telephone:	Fax:
	E-Mail:	
Purchasing Contact:	Telephone:	Fax:
	E-Mail:	

TRADE REFERENCES (Current and Past)

Contact Name:	Telephone:	Fax:
Company Name:	E-Mail:	
City / State:	Your Customer No.:	
Contact Name:	Telephone:	Fax:
Company Name:	E-Mail:	
City / State:	Your Customer No.:	
Contact Name:	Telephone:	Fax:
Company Name:	E-Mail:	
City / State:	Your Customer No.:	
Contact Name:	Telephone:	Fax:
Company Name:	E-Mail:	
City / State:	Your Customer No.:	

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FINANCIAL STATEMENTS

For a requested credit limit in excess of \$10,000, please attach a copy of your most recent fiscal year-end financial statements, including balance sheet, income statement, and cash flow report. This information is essential to the extension of credit. Be assured that any information which you provide will be used solely to evaluate your creditworthiness.

In consideration of the extension of credit and establishment of a credit account, applicant acknowledges liability for payment of amounts due **Integrated Logistics Services, Inc** (ILS) or its affiliates, including D+S Distribution, Inc. (D+S). If ILS must take action to collect any balance owing, applicant agrees to pay all reasonable costs and expenses incurred in collection including, but not limited to, reasonable attorney's fees, court costs, and interest thereon at the then maximum legal rate. By signing this agreement, applicant acknowledges payment will be made according to quoted terms on invoice. All past due invoices are subject to interest charges of the lesser of 18% per annum or the maximum allowable legal rate. Signature also authorizes the release of credit information concerning our company that ILS may reasonably require.

Authorized Signature	Title	Date
X		

Bank Reference

TO BE COMPLETED BY CUSTOMER

Name of Customer:	Name of Bank:
Address:	Address:
Telephone:	Telephone: Fax:
Account No.:	Account Officer:

We hereby authorize our bank, named above, to release complete credit information to **Integrated Logistics Services, Inc** via fax. This includes information on depository accounts and any borrowing relationship we may have. This authorization shall remain in effect until written notice is received from an authorized signer.

Authorized Signature(s):

Date: _____

X _____

Title: _____

X _____

Title: _____

X _____

Title: _____

PLEASE FAX OR EMAIL COMPLETED FORM TO:

INTEGRATED LOGISTICS SERVICES, INC - FAX # 330-264-7974

ATTN: ACCOUNTS RECEIVABLE DATE / / .
AR@DSDistribution.com