

Credit Application

Credit Establishment

Please advise all MEDLOG entities you wish to have credit established with:

- MEDLOG Logistics MEDLOG Drayage MEDLOG Warehousing MEDLOG Cold Storage MEDLOG Depot Services
 Skyline Express Pacific Green Trucking

Company Information

| | | | | | |
|---------------------------------|---|--------------------------------------|------------------------------------|--------------------------------------|--------------------------------|
| Full legal name/Business entity | Phone number | Fax number | | | |
| | | | | | |
| Doing business as (DBA) | | | | | |
| | | | | | |
| Billing address | City | State | Zip | | |
| | | | | | |
| Company type | <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Franchise | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other |
| | | | | | |
| Number of employees | Year business established | Annual sales | Type of business | | |
| | | | | | |
| Federal tax ID | State of incorporation | Duns number | | | |
| | | | | | |
| Commercial contact person | Email address | | | | |
| | | | | | |

Owner Information

| | | | |
|--------------------------------------|-------|--------------|-----|
| Full name (including middle initial) | Title | Phone number | |
| | | | |
| Business address | City | State | Zip |
| | | | |

Bank References

| | | | |
|----------------|----------------|-----------------------------------|-----|
| Bank name | Phone number | Fax number | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Contact person | Account number | Number of years having an account | |
| | | | |

Trade Credit References (please provide three)

| | | | |
|----------------|---------------|------------|-----|
| Company name | Phone number | Fax number | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Contact person | Email address | | |
| | | | |

| | | | |
|----------------|---------------|------------|-----|
| Company name | Phone number | Fax number | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Contact person | Email address | | |
| | | | |

| | | | |
|----------------|---------------|------------|-----|
| Company name | Phone number | Fax number | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Contact person | Email address | | |
| | | | |

General Terms and Conditions

Carrier's standard payment terms are thirty (30) days from the original invoice date. Payment will be accepted in US currency by ACH, wire, check, or credit card. Shipper agrees that Carrier is entitled to earn interest on any late payments at a rate of eighteen percent (18%) per annum or the highest allowed by law. Shipper agrees that it will be liable for any expenses, including attorney's fees and collection costs, that Carrier incurs in collecting amounts owed.

We hereby apply for credit and affirm financial responsibility, ability, and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation.

We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

We have read the terms and conditions stated above and agree to all of these terms and conditions.

We are requesting credit in the amount of

| | |
|----------------------|-------|
| | |
| Authorized signature | Date |
| | |
| Printed name | Title |
| | |

Please email completed form to usa-newcustomer@medlog.com.

Customer Information Sheet

Company Information

| | | | |
|--------------|--------------|-----------------------------|-----|
| Company name | Phone number | Email address for invoicing | |
| | | | |
| Address | City | State | Zip |
| | | | |

Additional Contacts

| | | |
|-----------------------------------|--------------|---------------|
| Accounts Payable contact | Phone number | Email address |
| | | |
| Chassis rules/resolution contact | Phone number | Email address |
| | | |
| Per Diem rules/resolution contact | Phone number | Email address |
| | | |

Invoicing Method *(please check one)*

Please note: MEDLOG does paperless invoicing, and all invoices will be emailed to the above email address for invoicing unless EDI or web portal is selected below. If either is selected, please attach EDI requirements or web portal instructions.

Single PDF invoice per move One invoice per work order or booking Weekly invoice for all moves EDI Web portal

Additional Invoicing Requirements

All charges must match work order *(please outline detailed charges on work order)* Yes No

| | |
|---|--|
| FSC specific scale <i>(please attach)</i> | FSC applied at work order or delivery date |
| | |

Reference identification number type required on invoice

Per Diem

Do you have any special agreements with steamships or equipment owners that allow you extended free time or other items that are different from the UIIA? Any special agreements will need to be confirmed with our Per Diem Department. (if yes, please outline below or attach the agreement) Yes No

| Line | Rates | Extra days (cal/bus) |
|------|-------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Chassis Billing (standard chassis charge \$40 per day)

Do you have any special agreements with chassis providers on free time or required provider to be used? Our general chassis charges are \$40 per day and any other agreements will need to be confirmed with our Chassis Department. (if yes, please outline below or attach the agreement) Yes No

| Special rate/day? | Chassis provider required? | If so, who? |
|-------------------|----------------------------|-------------|
| | | |
| | | |
| | | |

Are you billed direct by any of the chassis providers? (if yes, please outline below or attach the agreement) Yes No

| Direct bill chassis provider | SSL |
|------------------------------|-----|
| | |
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| | |

If MEDLOG is invoiced in error by the chassis provider on the direct bill accounts, please advise how to proceed in the dispute process

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Reporting Requirements

Special reporting needs

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