

From: Eagle Logistics Systems**Office & Warehouse:**
Puerto Rico Foreign Trade Zone
Buchanan Office Center
Suite 212, Rd. 165 No. 40
Guaynabo, Puerto Rico 00968
1-787-625-5452**Jacksonville Logistics Service Center
and Warehouse:**
11084 Cabot Commerce Cir
Bldg. 4 Suite 100
Jacksonville, FL 32226
1-877-331-0794**Atlanta Corporate Headquarters:**
1000 Abernathy Rd NE
Suite 600
Atlanta, GA 30328
1-877-331-0794

Who We Are:

Eagle Logistic Systems is a full service NVOCC and International service provider engaged in and specializing in transportation services to the Jones Act markets of Puerto Rico. We offer warehousing, transfer, OTR, ocean and customized LCL (less-than-container load) options for all types of dry and refrigerated commodities. As part of the AJC Group, we leverage our parent company's 50 years of ocean transportation experience to provide "Smart" transportation solutions within our destination markets.

Services Include:

Purchase order & inventory management through our online WMS (Warehouse Management System)

Truckload Service throughout Continental U.S., Canada, and Mexico for Dry and Refrigerated Cargo

Containerized Drayage throughout Continental U.S. for Dry and Refrigerated Cargo

International Rail, Air and FCL/LCL Ocean Freight

Warehousing/Consolidation through our 55,000 ft² quad-temp warehouse space

Featuring an AIB Warehouse Rating 990 out of 1,000 in Jacksonville, FL Facility

Document Instructions: Please have your accounting or credit department complete and return form to Eagle Logistics Systems Credit Department via fax (1-404-942-1502) or email (credit@ajclogistics.com).

Invoice Payment: Once the completed Customer Profile is received, the Eagle Logistics System Credit Department will send payment instructions via secure email.

COMPANY INFORMATION

Official Business Name: _____

Physical address: _____

Phone #: _____

Fax #: _____

E-mail: _____

Website: _____

Years in business: _____

Type of business: _____

EIN Number: _____

Registro del Comerciante: _____

Industry Sector (Check One):

Logistics <input type="checkbox"/>	Food & Beverage <input type="checkbox"/>	Furniture <input type="checkbox"/>	Textiles & Apparel <input type="checkbox"/>	Retail <input type="checkbox"/>
HealthCare/ Medical <input type="checkbox"/>	Metal & Mining <input type="checkbox"/>	Office Supplies <input type="checkbox"/>	Electronics <input type="checkbox"/>	Energy <input type="checkbox"/>
Auto/ Transport <input type="checkbox"/>	Industrial Materials <input type="checkbox"/>	Specialty Manufacture Products <input type="checkbox"/>	Construction Materials <input type="checkbox"/>	Other <input type="checkbox"/>

Form of the Business (Check One):

Solo Owner Partnership S Corporation C Corporation LLC

Subsidiary Corporation: YES NO

If Subsidiary Corporation, please provide Parent Corporation Information:

Name: _____

Address: _____

If Corporation, year of Incorporation: _____ State of Incorporation: _____

Social Security Number (if Individual, Sole Proprietary or Partnership): _____

Amount of Credit Requested: \$ _____

How Did You Hear About Us? (Check One):

- Phone Call Account Executive Visit Email Referral Web
 Social Media Magazine Industry List Trade Show, Conference, etc. Other

OWNER/PARTNERS/STOCKHOLDERS/OFFICERS OF COMPANY

Please provide the names and contact information for the company owner(s).

Name:	<input type="text"/>	Name:	<input type="text"/>
Phone #:	<input type="text"/> <input type="text"/>	Phone #:	<input type="text"/> <input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Phone #:	<input type="text"/> <input type="text"/>	Phone #:	<input type="text"/> <input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>

TRADE REFERENCES

Please provide **four (4)** business references (preferably product suppliers)

Name:	<input type="text"/>	Name:	<input type="text"/>
Phone #:	<input type="text"/> <input type="text"/>	Phone #:	<input type="text"/> <input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Phone #:	<input type="text"/> <input type="text"/>	Phone #:	<input type="text"/> <input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>

BANK REFERENCES

Name:	<input type="text"/>	Phone #:	<input type="text"/> <input type="text"/>
Address:	<input type="text"/>	Fax #:	<input type="text"/> <input type="text"/>
E-mail:	<input type="text"/>		
Account number:	<input type="text"/>	Bank officer/contact	<input type="text"/>

BILLING INFORMATION**Accounts Payable (Required Information)**

Billing Address: _____

Email Address for Invoices: _____

Name: _____

Title: _____

Phone #: _____

Fax #: _____

EAGLE LOGISTICS SYSTEMS reserves the right to:

1. Withdraw credit privileges should the account not be maintained according to credit terms.
2. Request an additional payment should a credit limit be exceeded. Request a cash in advance payment to prior to any orders being accepted.
3. Refuse credit privileges if deemed necessary.

Credit terms are **Net 30 days** unless otherwise specified in writing and signed by an officer of Eagle Logistics Systems.

This agreement shall be governed under the laws of the State of Georgia. Any action brought under this Agreement or involving in any manner whatsoever the relationship Eagle Logistics Systems and Applicant shall be determined under Georgia law. Applicant hereby consents to submit to jurisdiction of the state or federal courts of the State of Florida and agrees that such Courts within Fulton County, State of Georgia, shall have original exclusive jurisdiction over all matters and all disputes between the parties hereto regardless of the origin of such disputes and agrees that personal jurisdiction shall reside with such courts for purposes of any action or proceeding on or related an agreement between Eagle Logistics Systems and Applicant. Should Applicant be a corporation or other business entity, the signatories hereto, affirm, and assure that they have authority to bind such business entity.

Declaration:

- I/We hereby confirm that to the best of my/our knowledge the above statements are true.
- I/We make this application to open an account with Eagle Logistics Systems and indicate my permission to obtain credit information from the sources referenced.
- I/We understand that credit terms are Net 30 Days upon date of invoice.
- I/We confirm financial responsibility and willingness to pay invoices in accordance with terms.
- I/we further agree to pay all legal and collection costs, to include court costs, attorney's fees and interest at the rate of 1-1/2% per month, incurred by Eagle Logistics Systems to collect all amounts due which become in default of the terms of the credit extended.

Authorized Signature of Applicant**Name (Please print):**

Title: _____

Date: _____