

U.S. BULK TRANSPORT, INC.  
REQUEST FOR CREDIT APPROVAL

CUSTOMER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ 800 \_\_\_\_\_ FAX \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ACCOUNTING CONTACT: \_\_\_\_\_

AMOUNT OF CREDIT NEEDED: \_\_\_\_\_

LOAD INFO: (PLEASE SELECT ONE)

- SINGLE LOAD RATE \_\_\_\_\_  
 PROJECT RATE \_\_\_\_\_  
 POTENTIAL CUSTOMER

WILL LOADS BE SHIPPED TO OR FROM A CANADIAN PROVINCE?  YES  NO  
IF YES, PLEASE COMPLETE 'ACCEPTED TRANSBORDER BUSINESS PARTNERS FORM'

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ REQUIRED APPROVAL DATE: \_\_\_\_\_

TERMINAL: \_\_\_\_\_ DATE: \_\_\_\_\_

CUSTOMER NO.: \_\_\_\_\_ CREDIT LINE: \_\_\_\_\_ TERMS \_\_\_\_\_

SPECIAL CONDITIONS (IF APPLICABLE): \_\_\_\_\_  
\_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
GENE M. COBUCCI - CREDIT MGR

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
JIM UHRMACHER - CFO