P: 541-926-6020 F: 541-926-8014 P.O. Box 681 Albany, OR 97321 www.tradewindstransportation.com

Credit Application and Agreement

A. APPLICANT

Logal Ducinosa Nama		
Legal Business Name:	(List all Trade Names, DBA's; Div	visions or Subsidiaries)
Street Address:	City/State:	Zip:
Mailing Address:	City/State: _	Zip:
Phone:Fax	χ:	E-Mail:
Amount of Credit Requested:		Estimated Annual Sales:
Person to contact about Account:		How Long in Business:
B. BUSINESS INFORMATION		
□ Sole Proprietorship Owner	SS#_	
□ Partnership Partner	SS#_	
Partner	SS#_	
□ Corporation/LLC□ President/Member	SS#_	
President/Member	SS#	
Federal Tax No	SS#	#
C. <u>BANKING INFORMATION</u>		
Bank	Branch	Phone
Address	City/State	Zip
Bank Contact	Acct. #	Type of Acct

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington

<u>Name</u>	Contact	Address	Phone#
1			
2			
3			
The preceding information is a Tradewinds Transportation , consumer credit reporting reported and for periodic review for the credit TERMS: All invoices of (18% per appum) or the big	LLC. to investigate all references regarding my/our creations regarding my/our creation the purpose of maintaining are due net 30 days. A second	erences and customary credit is edit and financial responsibility g the credit relationship.	nformation sources including y for the purpose of obtaining alf percent (1 ½% per month),
or (18% per annum) or the hig of default, and if this account pay all reasonable attorney fees	is turned over to an agency	and/or an attorney for collecti	
I/We certify that this request is for personal, family or househo		or business purposes only and	not for the extension of credit
APPLICANT'S SIGNATURE PAY IN ACCORDANCE WIT		RESPONSIBILITY, ABILITY	AND WILLINGNESS TO
Firm Name	By:	Titl	e
Firm Name	By:	Titl	e
C	ONSENT TO OPTAIN CO	NSUMER CREDIT REPOR	T
The undersigned individual vapplicant, recognizing that history of the applicant, houndersigned by the above nevaluation process.	nis or her individual credit ereby consents to and au	history may be a factor in thorizes the use of a cons	the evaluation of the credit
	annou susmoss er cure gran		
_	_		ay be needed, in the credit
_	Sign Name		ay be needed, in the credit
Print Name	PERSONAL of receipt of which is acknowled the receipt of which is acknowled the receipt of which is acknowled the receipt of which is acknowled to the receipt of the recei	GUARANTEE edged, including but not limite ewinds Transportation, LLC	Date Date Date d to the extension of credit by the undersigned, individually, the full and prompt payment bligations which Guarantor esently or hereafter owing by ses Tradewinds may sustain cluding reasonable attorneys' tedness of debtor guaranteed duaranty. Diligence, Demand, livers to Tradewinds written ivery shall not affect any of history may be a necessary rizes the use of a consumer

Sign Name_____ Print Name_____ Date__