



UPS Capital®

UPS Capital Cargo Finance®

Please return the completed and signed credit application along with the following:

- A sample commercial invoice from **each supplier** from which you purchase inventory.

Financial documentation (as described below) may be requested for some customers after an application is received. All line of credit requests over \$400,000 will require the following financial documentation:

- Last two (2)-years Financials (including tax returns)
- Current Year Interim Financials (Balance Sheet & Income Statement)
- Accounts Payable Aging Report & Accounts Receivables Aging Report

Upon review and approval of this credit application UPS Capital will require an Individual or Corporate Guarantee to be signed as part of the closing documentation.

Please return the items listed above via email, fax or mail.

EMAIL

Email all items to cfoptions@ups.com

FAX

404-704-1500

Attention: UPS Capital Cargo Finance

MAIL:

UPS Capital Corporation

35 Glenlake Parkway N.E.

Atlanta, GA 30328

Attention: UPS Capital Cargo Finance

Please contact cfoptions@ups.com or 888.812.5696 for more information.



UPS Capital®

UPS Capital Cargo Finance®

Customer Information (*Note: All information below is required)			
Legal Name of Applicant Company			
Address	City	State	Zip
Phone	Fax	Tax ID	
Trade Style/DBA Name(s)	Nature of Business (Industry)		
Type of Business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Private Corp <input type="checkbox"/> Public Corp <input type="checkbox"/> LLC <input type="checkbox"/> GP <input type="checkbox"/> LP <input type="checkbox"/> LLP			
Date Company Founded	State of Organization	Main Contact Person	
Main Contact Person Email	Company Website		
Gross Revenues of Company for most recently ended fiscal year			
UPS Small Package Account Number			
Foreign Suppliers	Supplier 1	Supplier 2	
Supplier Name			
Port of Origin			
Port of Destination			
Years of Relationship			
Annual Volume (\$/TEU)			
Importer of Record			
Frequency of Shipments			
Type of Goods Shipped			
Foreign Suppliers	Supplier 3	Supplier 4	
Supplier Name			
Port of Origin			
Port of Destination			
Years of Relationship			
Annual Volume (\$/TEU)			
Importer of Record			
Frequency of Shipments			
Type of Goods Shipped			
Foreign Suppliers	Supplier 5	Supplier 6	
Supplier Name			
Port of Origin			
Port of Destination			
Years of Relationship			
Annual Volume (\$/TEU)			
Importer of Record			
Frequency of Shipments			
Type of Goods Shipped			
Marine Cargo Insurance Information			
Name of Insurer	Broker/Agent Name	Deductible	
Policy Expiration Date	Coverage Per Occurrence \$	Annual Coverage \$	



UPS Capital®

UPS Capital Cargo Finance®

Principals/Owners						
Full Name/Title	Home Address	Phone	Annual Income	SSN (of those signing)	Date of Birth	Percentage Ownership
1.						
2.						
3.						
4.						

By signing below on behalf of applicant, you represent that applicant is a valid business entity; that the credit applied for, if approved, will be used for BUSINESS PURPOSES ONLY; and that you are an authorized signer for the applicant with the authority to enter into contractual arrangements. You acknowledge that all extensions of credit are subject to credit approval by UPS Capital Corporation and applicable laws and regulations and that all credit products may not be available in all areas. You hereby certify that the information provided in this business credit application is complete and accurate, and that you have all necessary authority and consent to provide us with the information we have requested. You authorize us to (a) obtain information about the applicant and about you personally, if applicant is a sole proprietorship or if we may require you to personally guarantee the account, from credit reporting agencies and other sources we deem appropriate (including the references provided by you herein) in considering this Credit Application and subsequently for purposes of or in connection with (1) updates, (2) renewals or extensions of credit, (3) applicant's request for additional services, and/or (4) collecting the account, and (b) contact the insurance brokers and agents listed above, and for UPS Capital Corporation to obtain from and negotiate with such insurance brokers and agents all certificates and evidences of insurance and lender's loss payable endorsements we deem necessary or desirable in connection with any proposed credit accommodations. Delivery of a facsimile or other electronic copy of this application shall be equally effective as delivery of an original hereof. If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact us in writing at UPS Capital Corporation, 35 Glenlake Parkway, N.E., Atlanta, GA 30328, Attn: UPS Capital Cargo Finance or by telephone at 1-888-812-5696 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

AUTHORIZATION TO RELEASE AND SHARE INFORMATION

To the foreign vendor(s) shown above: Please accept this authorization to disclose to UPS Capital Corporation and its designees (and any assignee or potential assignee of any of the foregoing entities), customer information you would normally release to a prospective creditor, including the length of time our account has been active, average monthly balances, how the account has been handled, and details of any lending relationship.

To Applicant and Guarantors: You hereby consent to UPS Capital Corporation and its designees (and any assignee or potential assignee of any of the foregoing entities), sharing your financial and other information with its affiliates, as well as with third parties, as we deem necessary or appropriate in order to provide the services contemplated by this application or any services reasonably related thereto.

Name of Applicant/ Guarantor

By: * _____

Title: _____

Date: _____

Name of Applicant/ Guarantor

By: * _____

Title: _____

Date: _____

Name of Applicant/ Guarantor

By: * _____

Title: _____

Date: _____

Name of Applicant/ Guarantor

By: * _____

Title: _____

Date: _____

* Application must be signed by each individual who owns 20% or more of Applicant's stock or other equity interests



UPS Capital®

UPS Capital Cargo Finance®

Foreign Suppliers	Supplier 7	Supplier 8
Supplier Name		
Port of Origin		
Port of Destination		
Years of Relationship		
Annual Volume (\$/TEU)		
Importer of Record		
Frequency of Shipments		
Type of Goods Shipped		
Foreign Suppliers	Supplier 9	Supplier 10
Supplier Name		
Port of Origin		
Port of Destination		
Years of Relationship		
Annual Volume (\$/TEU)		
Importer of Record		
Frequency of Shipments		
Type of Goods Shipped		
Foreign Suppliers	Supplier 11	Supplier 12
Supplier Name		
Port of Origin		
Port of Destination		
Years of Relationship		
Annual Volume (\$/TEU)		
Importer of Record		
Frequency of Shipments		
Type of Goods Shipped		