



Please return the completed and signed credit application along with the requested items on this checklist at your earliest convenience.

- Completed and Signed UPS Capital Cargo Finance Application Form
- Business Tax Returns covering the last three fiscal years
- Recent Interim Financial Statements
 - Previous year
 - YTD through most recent month or quarter end
- Personal Financial Statement(s) from major owner/shareowners(s)

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

EMAIL

Email all signed and scanned items to cargofinance@ups.com

FAX

404-828-8190

MAIL:

UPS Capital Corporation
35 Glenlake Parkway N.E.
Atlanta, GA 30328
Attention: Cargo Finance

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

UPS Capital[®]
 UPS Capital Cargo FinanceSM Credit Application



Customer Information						
Legal Name of Applicant Company						
Address				City	State	Zip
County		Phone	Fax	Tax ID		
Trade Style/DBA Name		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						
Bank References						
Bank Name/Branch	Contact Officer	Phone	Account Number	Type of Account		
1.						
2.						
Trade References						
Firm Name	Contact Person	Phone	Account Number	City, State		
1.						
2.						
Principals/Owners						
Full Name/Title	Home Address	Phone	Annual Income	SSN (of those signing)	Date of Birth	Percentage Ownership
1.						
2.						
3.						
4.						
Suppliers						
Supplier	Years of Relationship	Origin country	Annual Volume\$	Payment Terms		
1.						
2.						
3.						
4.						



Insurance Information		
Marine Cargo	Liability	Casualty
Name of insurer	Name of insurer	Name of insurer
Policy #	Policy #	Policy #
Policy Expiration Date	Policy Expiration Date	Policy Expiration Date
Coverage per occurrence \$	Coverage per occurrence \$	Coverage per occurrence \$
Aggregate coverage \$	Aggregate coverage \$	Aggregate coverage \$
Broker/Agent Name:	Broker/Agent:	Broker/Agent:
Broker/Agent Phone:	Broker/Agent Phone:	Broker/Agent Phone:
Broker/Agent Email:	Broker/Agent Email:	Broker/Agent Email:

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/or UPS Capital Global Trade Finance 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 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 Business 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. 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: 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 INFORMATION

To the bank(s) and foreign vendor(s) shown above:

Please accept this authorization to disclose to UPS Capital Corporation, UPS Capital Global Trade Finance Corporation and their respective 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, UPS Capital Global Trade Finance Corporation and their respective 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 in order to provide the services contemplated by this application or relating to any resulting transaction.

 Name of Applicant

By: _____*

Date: _____

 Name of Applicant

By: _____*

Date: _____

 Name of Applicant

By: _____*

Date: _____

 Name of Applicant

By: _____*

Date: _____

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