



**LOGISTICS
TITANS**

Corporate Office
3420 NW 178th St Ste B
Edmond, Ok 73012
405-240-9529

Credit Application

Please print in ink, and please fill out this form completely.

Credit Applicant: _____
Full Name of Your Company ("Customer", "you" or "your")

Billing Address: _____
Street Address/P.O. Box

Physical Address: _____
Street Address

City State Zip

City State Zip

Telephone number: _____

Fax number: _____

President: _____

Controller: _____

Accounts Payable Contact: _____

AP Email Address: _____

Type of Business: _____ Corporation _____ Partnership _____ Sole Proprietor _____ Other (please specify)

Fed- ID #: _____ If legally organized, specify state and date of incorporation/formation: _____

Parent Company: _____

Branches: _____

This Credit Information form also serves as your authorization to your bank to release your information to Logistics Titans LLC, and/or any of its subsidiaries or affiliates and Company's credit agent, Profiles Int'l. The information contained herein and provided by the bank is confidential and will not be shared by Company with any unaffiliated third party, except for Company's credit agent. This form also authorizes your bank to FAX back their reply to us. **The below authorized signor must be a signatory on the bank account.**

Bank Name: _____

Phone#: _____

Bank Contact: _____

Fax#: _____

Checking Acct#: _____

Line of Credit Acct#: _____

PRIVACY ACT NOTICE

49 USC 114 authorizes the collection of this information. The information that you provide will be used to qualify you or verify your status as a possible "known shipper". Providing this information is voluntary, however, failure to provide the information will prevent you from qualifying as a "known shipper." This information will be disclosed to TSA personnel and contractors or other agents including IAC's in the maintenance and operation of the known shipper program. TSA may share this information with airport operators foreign air carriers, IACs, law enforcement agencies, and others in accordance with the Privacy Act, 5 USC Section 552a. For additional details, see system of records notice for Transportation Security Threat Assessment System (DHS/TSA 002) published in the *Federal Register*.

TRANSPORTATION SERVICE AGREEMENT

Logistics Titans LLC is/has been appointed as one of our approved transportation suppliers. Also, pursuant to DHS/TSA requirements, effective this date, we are consenting to 100% cargo screening for any and all shipments being transported by air that are tendered to Logistics Titans LLC

Authorized Signature _____ Title _____

Print Name _____ Date _____

**Return via Fax to: (972) 812-2286 Attn: Don Overturf or
Via Email to: don@logisticstitans.com**