



KING OCEAN SERVICES

CONFIDENTIAL CREDIT INFORMATION FORM

Date: _____ Credit Line Request _____

The following information is submitted to KING OCEAN in connection with credit application made by the customer herein named. **PLEASE FILL OUT THE APPLICATION COMPLETELY.**

Full Legal Name: _____

Address: _____

Telephone Number () _____ Fax Number() _____

Location(s) where inventory is to be located:

When business was started: Month _____ Year _____

Describe nature of business: _____

Type of business: (please check one) Corporation Partnership Proprietorship

Please complete the following questions:

a) State where incorporated _____
Number of shares of common stock issued _____

b) Name of Officers/Principals	Title	Social Sec Number	Number of Shares Owned
Home Address			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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KING OCEAN SERVICES

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Financial Statement Were Statement: Audited Unaudited
Prepared by:
Address:
Bank Reference:
Name of Bank/Address Telephone Number Account Number Contact Officer
1.
2.

Trade Reference
Name Telephone Fax High Credit (approx) Teams
1.
2.
3.
3.

Duns Number
Are Accounts Receivable and/or Inventory pledged or assigned? If so, give name and address of lienholders(s)

Name Address

Insurance Coverage: Telephone Number:
a. Insurance Agent: Company:
Address:
Amount of insurance Coverage on Inventory Policy #
Name, Title, Telephone Number of officer who will be responsible for this account:

We certify that the information contained herein and the accompanying documents present an accurate of the applicant, and acknowledge that is to be repleid upon by KING OCEAN in extending credit to said applicant. NOTE: Latest interim financial statement and prior years' fiscal statements of operations must attached to this application, these must de signed and dated

Authorized Signature Title Date

