

**M&S Logistics, Inc.**  
**M&S Trailers, Inc.**  
P.O. Box 128 - Candia, NH 03034  
(603) 647-4530

**M&S Global Transport, LLC**  
P.O. Box 219  
Candia, NH 03034-0219  
(603) 647-4530

**Page Street Leasing, LLC**  
P.O. Box 129  
Candia, NH 03034-0129  
(603) 622-1673

## APPLICATION FOR CREDIT

The following is provided as a basis for extension of credit by M&S Logistics, Inc., M&S Trailers, Inc., M&S Global Transport, LLC and Page Street Leasing, LLC ("the Companies") to the business entity listed below.

Name of Firm \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_  
Our Legal entity is: ☐ Corporation ☐ Partnership ☐ LLC ☐ Proprietorship FEIN#: \_\_\_\_\_

### Name and Residence Address of Owner, Partners or Officers

(1)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

(2)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### TRADE REFERENCES:

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
City/State/ZIP _____	City/State/ZIP _____	City/State/ZIP _____
Phone _____	Phone _____	Phone _____
Fax _____	Fax _____	Fax _____
How Long? _____	How Long? _____	How Long? _____

### BANK INFORMATION:

Name	Address	City/State/ZIP	Phone	Contact
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### TERMS AND CONDITIONS:

Our terms are NET 15 days. Finance charges of 1.5% monthly will be levied on all past-due receivables.

In signing this agreement, I understand and agree that the information provided is for the purpose of obtaining services on credit. I further understand and agree that all accounts or monies due to the Companies shall be paid in accordance with the credit terms stated above and agree to pay all reasonable costs of collection, in addition to any court costs and/or attorney's fees incurred. I authorize investigation of all credit references listed.

I/We, the undersigned, do hereby personally and individually promise to pay the obligations incurred by the debtor if credit is extended to a corporation in which I am directly or indirectly interested.

_____	_____	_____
Date	Officer or Authorized Person (Print)	Title
_____		
Signature		

**Please fax this SIGNED credit application with any reference sheets or attachments to (603) 483-1023.**