



2000 NW 62nd Ave- Bldg 711, Miami, Florida 33122 – Phone: (305) 593-9808 – Fax: (305) 593-9214

Dear Prospective Customer,

Thank you for choosing Lynx Global, Corp. as your perishable handling solutions provider.

As required for all new accounts, please complete the enclosed application in its entirety.

Please note that the following documents must be submitted with the signed application:

- Credit Application and Agreement (2 pages)
- Terms and Conditions of Sales Agreement (1 page)
- Bank Release Form (1 page)
- Wire Transfer Instructions (1 page – If your paying via wire transfer)
- Bank reference letter (date account was opened and average monthly balance) *Submitting this information will help us expedite the application process.*
- **Copy of identification of owner/officer signing the application**
- Current financial statements and prior year (if not audited, the financial statements must be signed by the owner and/or officer signing the credit application)

Once all documents have been received we will begin processing your application and will notify you of our decision.

If you have any questions regarding our application or approval requirements, please contact our credit department at (305)593-9808 Ext. 250 or by sending your questions and/or comments to operez@lynx-global.net.

Again, we thank you for choosing Lynx Global, Corp. We look forward to providing you with first class customer service.

Sincerely,
Credit Department

2000 NW 62nd Ave-Bldg 711
Miami, FL. 33122



Office (305) 593-9808
Fax (305) 593-9214

CREDIT APPLICATION AND AGREEMENT

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Fax No. _____

Mailing address if different from above

Address: _____

Authorized Buyer: _____

E-Mail address: _____

City: _____

Phone (incl. Ext): _____

State: _____ Zip Code: _____

Accounts Payable: _____

(Required)

E-Mail address: _____

Phone (incl. Ext): _____

Average Monthly Shipments: \$ _____

BUSINESS STRUCTURE:

If Incorporated, State of Incorporation _____

Name of Parent Company, If Subsidiary _____

State _____ Phone No. _____

Date Business Started: _____

Federal Tax ID No. _____

State Sales Tax No. _____

Type of Business: Wholesale _____ Retail _____

License No. _____

Other _____

Corporation
(List each officer)
Name

Partnership
(List each partner)
Title

Limited Partnership
Home Address

Proprietorship
(Owner's name)
Social Security No.

Have you ever filed for bankruptcy?

Yes

No

If you answer "yes" complete the following:

Date of Bankruptcy _____ City _____ State _____

Bankruptcy No. _____ Disposition _____

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CREDIT REFERENCES

Name: _____ Account#: _____
Phone: _____ Fax: _____ E-mail: _____
(Required)

Name: _____ Account#: _____
Phone: _____ Fax: _____ E-mail: _____
(Required)

Name: _____ Account#: _____
Phone: _____ Fax: _____ E-mail: _____
(Required)

Name: _____ Account#: _____
Phone: _____ Fax: _____ E-mail: _____
(Required)

I authorize Lynx Global, Corp to contact my bank and credit references during the credit review process and periodically thereafter to update the credit file.

Agreement to Terms:

1. If credit is being requested, I understand that Lynx Global, Corp may investigate my financial status and the company's, and may request additional documents. If credit is granted, Lynx Global, Corp. reserves the right to revoke credit at any time.
2. All payments due to Lynx Global, Corp for services provided must be sent directly to Lynx Global, Corp. in accordance with the credit terms established between _____ (company name) and Lynx Global, Corp. Please send payments to the following address: **2000 NW 62nd Avenue-Bldg 711, Miami, Florida 33122**
3. I understand that Lynx Global, Corp. will assess a \$50 fee for each returned check. The account will be on hold status until the check is replaced by a cashier's check. Accounts that have credit lines and have 3 NSF's, will go a COD (Cash On Delivery) basis for a period of 3 months.
4. I agree to pay 18% annual rate of interest on any balances not paid within the specified terms.
5. If any amount due to Lynx Global, Corp is collected through an attorney and/or collection agency, I agree to pay 25% of the total due as attorney/collection agency's fees. Additionally, the venue for any legal proceedings, which may occur between Lynx Global, Corp. and Company shall reside in Dade County, Florida.
6. Please refer to our Terms and Conditions of Sales Agreement for additional terms.

In signing this agreement I verify that the information provided is true and accurate.

Owner's/Officer Signature: _____ Title: _____

Name: _____ Date: _____

*****FOR OFFICE USE ONLY*****

Approved Approved by: _____ Signature: _____
 Denied Date: _____



**Lynx Global Corp.
Custom House Broker and
Freight Handling Division
Miami, Fl.**

Terms and Conditions of Sales Agreement

1. All accounts are due and payable in accordance with the stated terms on the face of the invoice with no additional discounts. All Consolidation or Freight accounts have a maximum of 15-day terms. Handling accounts may have up to 30-day terms. Check your invoice for your terms.
2. Terms are calculated from invoice date.
3. Lynx Global will assess 18% annual rate of interest on any balances not paid within the specified terms.
4. Returned Checks – I understand that Lynx Global, Corp. will assess a \$50 fee for each returned check. Account will be on hold status until the check is replaced by a cashier's check. Accounts that have a credit line and accumulate 3 NSF's (Non Sufficient Funds) will go on a cash basis for a period of 3 months.
5. Continued late payments will result in cancellation of terms.
6. Claims must be submitted in writing within 7 days of the invoice date. Credits must be submitted by use of a numbered credit memo and must be accompanied by any and all back up data to substantiate the claim. Approved claims will cover the original value of the product based on the commercial invoice. Lynx Global, Corp. will not be responsible for any anticipated profit or replacement cost of the product. Claims will be approved or denied in writing by Lynx Global, Corp in a timely manner. Deductions from payments for non-approved credits will not be accepted and will be considered delinquent.
7. Lynx Global, Corp assumes no responsibility for product once it has been turned over to customer's designated carrier. Such claims need to be filed with customer's shipper.

Lynx Global Corp. 305-593-9808
Accounts Receivables Dept. Ext. 250
Billing Dept. Ext. 250
Transfer Accounts Dept. Ext. 235
Cooler Accounts Dept. Ext. 238
Credits should be faxed to 305-593-9214

Signature

Printed Name / Title

Date

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Miami, FL. 33122



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Fax (305) 593-9214

BANK RELEASE FORM

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I, _____ authorize the release of my company's
(Authorized signer on bank account)
bank information to Lynx Global Corp.

Bank Name: _____

Account No.: _____

Officer: _____

Phone: _____ Fax: _____ E-mail: _____

Bank Authorized Signature: _____
(To be signed by customer)

Printed Name: _____

Title: _____



WIRE TRANSFER INSTRUCTIONS

Beneficiary Bank: US CENTURY BANK
2301 NE 87th Ave
Miami, Florida 33172

Bank ABA: 067015397

Bank SWIFT: USCEUS3M

Further Credit: Lynx Global, Corp

Beneficiary Account: 3068317

Incoming Wire Transfer Fee: \$15

I understand wire transfer fees are charged by the beneficiary bank and Lynx Global does not control over any possible increase(s).

I understand and agree to have Lynx global Corp, bill my account for any wire transfer fees they incurred every time I make payments using this method. Also, I understand that should these fees be increased by their beneficiary bank, Lynx Global Corp will notify me in writing before billing my account.

Company Name

Signature

Name and Title

Date