TITANIUM Transportation Group Inc.

Credit Application

Amount of Credit Requested _____

Legal Company Name _____ _Phone_ _____ _Business Type_ _____

Trade Name _____ _Business Start Date_ _____

Street Address _____ _City_ _____ _Prov./State_ _____ _PC/Zip_ _____

Mailing Address _____ _City_ _____ _Prov./State_ _____ _PC/Zip_ _____

Business Property   Rent   Own   _After-Hours Contact Name_ _____ _Email_ _____ _Cell_ _____

No. of Employees	1-5	6-15	16-30	31-100	100-500	500- 1000	1000+
Annual Revenue [in $millions]	0-1	1-5	5-10	10-25	25-100	100-200	200+
Annual Shipping Budget [in $000's]	0-50	50-100	100-250	250-1000	1000-5000	5000-10000	10000+

A/P Contact Name _____ _Email_ _____ _Phone_ _____

Invoice Delivery Email _____ _Documents required with invoice_

Payment Method   EFT   ACH   _Cheque_   _Online Portal_   _No_   _Yes_   _Registration Contact_ _____

Customs Information

US Customs Broker _____ _Email_ _____ _Phone_ _____

CAD Customs Broker _____ _Email_ _____ _Phone_ _____

Bank & Trade References (minimum of 3)

Financial Institution Name _____ _Account Manager_ _____ _Email_ _____ _Phone_ _____

Street Address _____ _City_ _____ _Prov./State_

Transit No. _____ _Branch No._ _____ _Account No_ _____ _Routing No._ (US Banks) _____

Company Name _____ _Industry_

Street Address _____ _City_ _____ _Prov./State_

Contact Name _____ _Email_ _____ _Phone_ _____

Company Name _____ _Industry_

Street Address _____ _City_ _____ _Prov./State_

Contact Name _____ _Email_ _____ _Phone_ _____

Company Name _____ _Industry_

Street Address _____ _City_ _____ _Prov./State_

Contact Name _____ _Email_ _____ _Phone_ _____

Principals/Signing Officers

Name _____ _Title_ _____ _Email_ _____ _Phone_ _____

Name _____ _Title_ _____ _Email_ _____ _Phone_ _____

Name _____ _Title_ _____ _Email_ _____ _Phone_ _____

Account Terms

For any third party billing, requested by us, we accept responsibility for payment in the event the third party fails to pay pursuant to the Bill of Lading Act. We acknowledge that the credit terms granted by Titanium are net 30 days from the delivery date of shipment and that interest will be charged on all past due balances at a rate of 2% per month (24% annually).   **By checking this box**   **I confirm that I have read and accept the preceding terms**

I hereby represent that I am authorized to submit the application on behalf of _____, and grant permission to Titanium to obtain and exchange credit and financial information for establishing credit and to monitor the account during our business relationship, be it directly by Titanium, or through one of our trusted credit partners.

_____   _____   _____   _____

Authorized Signing Officer (Must be a registered signature with your bank)   Print Name & Title   Date

ONCE COMPLETED IN FULL AND DULY SIGNED PLEASE RETURN TO   credit@ttgi.com