



Logistics Support Services Co., Ltd. CREDIT REPORT ORDER FORM

We request that LSS, order the below requested report, on our behalf. We understand that this order form constitutes a contract only for the requested report and, that by submitting this order form, we agree to be bound by LSS Credit Reports and Conditions. We further understand that LSS will place the order with the provider of their discretion and that LSS is not responsible for the contents of the report or for minor differences in the scheduled delivery times.

A. Please provide the following information for order purposes:

- 1. Date of this report order:
2. Name of Company requesting this credit report:
3. Is it O.K. if we release your Company's name as the party ordering the report? Yes No
4. Order service requested (see Terms and Conditions): Normal Express
(*If not specified your report will be ordered as Normal Delivery.)

B. Please provide the following required information on your client for this report:

- 1. Full Legal Name of the Company on whom you are requesting this report:
Their Government Registration Number (if known):
2. Their Street Address:
4. City: State/Province: Country: Zip Code:
5. Contact Name:
Contact Phone: Title:
Contact Fax: Email:

C. Please provide the following information on you for billing purposes:

- 1. Your Company Name:
2. Street Address:
3. City: State/Province: Country: Zip Code:
4. Your Name:
Your Phone: Email:
(*Credit Report will be sent to the email address above unless otherwise specified)

Return your completed order form to LSS via email and feel free to contact us with any questions!

Thank you for your order; we sincerely appreciate your business.