



Credit Application

Name of Business: _____ Date: _____

Contact: _____ Phone: _____

Business Address: _____ Fax: _____

Billing Address: _____ Monthly Credit Desired: _____

Payment Terms Desired: _____

Proprietorship: _____ Partnership: _____ Corporation: _____

List name(s) of Owner(s) or Officer(s): _____ Title: _____

_____ Title: _____

Individual responsible for payment of freight charges: _____

Indicate special billing instructions: _____

Credit References

Bank Name: _____ Phone: _____

Branch & Acct. No. _____ Fax: _____

Address: _____ Contact: _____

Motor Carrier Name: _____ Phone: _____

Address: _____ Fax: _____

Contact: _____

Motor Carrier Name: _____ Phone: _____

Address: _____ Fax: _____

Contact: _____

Trade Account Name: _____ Phone: _____

Address: _____ Fax: _____

Contact: _____

I understand that terms are Net 30 days, and a Finance Charge (19.8% APR) will apply to all past due accounts. By submitting this form, I hereby authorize all references to release credit information regarding our company to Pinnacle Freight Systems, Inc., for the purpose of this application. By submitting this form I also certify that all information provided above is true and correct.

Signature of Applicant and Title

Date

Pinnacle Use Only	
Limit:	_____
Approval:	_____
Date:	_____
