

PINNACLE FREIGHT

Credit Application

Name of Business: _____ Date: _____

Contact: _____ Phone: _____

Business Address: _____ Fax: _____

Billing Address: _____ Monthly Credit Desired: _____

Payment Terms Desired: _____

Ownership: (Check one and provide federal identification number)

Proprietorship: _____ Partnership: _____ Corporation: _____

Trade Name (if different than above): _____

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

_____ Title: _____

_____ Title: _____

A/P Contact: _____ Email: _____ Phone: _____

Invoice Preference: Paper Email EDI Other: _____

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: _____

Trade Account Name: _____ Phone: _____

Address: _____ Fax: _____

Contact: _____

Signature of Applicant and Title

Date

Pinnacle Use Only

Limit: _____

Approval: _____

Date: _____