



APPLICATION FOR CREDIT

NAME OF BUSINESS: _____ DATE: _____

BUSINESS ADDRESS:

BILLING ADDRESS:

PH: _____

PH: _____

FX: _____

FX: _____

Contact in Accounts payable: _____

Payment Terms: 15 Days _____ 30 Days _____ 60 Days _____ Other _____

Owner's Name _____ Starting date of Operation: _____

Company's Bank: _____ ACCOUNT NO: _____

Bank Address: _____

Bank City, State, Zip: _____

Bank Phone: _____ Contact Name: _____

CARRIER - TRANSPORTATION REFERENCES ONLY!

1. NAME: _____ Phone: _____
ADDRESS: _____ Fax: _____
CITY: _____ STATE: _____ ZIP: _____
MAXIMUM CREDIT LIMIT: _____

2. NAME: _____ Phone: _____
ADDRESS: _____ Fax: _____
CITY: _____ STATE: _____ ZIP: _____
MAXIMUM CREDIT LIMIT: _____

3. NAME: _____ Phone: _____
ADDRESS: _____ Fax: _____
CITY: _____ STATE: _____ ZIP: _____
MAXIMUM CREDIT LIMIT: _____

AMOUNT OF CREDIT DESIRED: _____

AUTHORIZED SIGNATURE: _____

(PINNACLE OFFICER ONLY)