



# **PINNACLE FREIGHT SPECIALISTS INC**

## Credit Application

Date:      /      /       
mm dd yy

### **Business Information**

Company Legal Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Ownership:     Corporation                       Partnership                       Private  
    Publicly Held                       Non-Profit                       Sole Proprietor

Type of Business:     Manufacturer                       Dealer/Distributor                       Marketing Rep  
    Other \_\_\_\_\_

### **Contact Information**

Ph #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owners/Directors/Partners:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Key Contacts:

Purchasing: \_\_\_\_\_

Shipping: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Controller: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Payment Co.: \_\_\_\_\_

Pmt Co Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_



# PINNACLE FREIGHT SPECIALISTS INC

## Credit Application

### Bank Reference

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Representative: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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### Trade References

(1) Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Representative: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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(2) Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Representative: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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(3) Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Representative: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Ph #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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### Certification

By signing below, you certify that the information provided above is true and correct to the best of your knowledge. You further authorize us to contact your bank and credit references to solicit a credit report on your company.

Signed by: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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