



PCT LOGISTICS

(805) 239-9500 • accounting@pctlogistics.com • Fax (805) 874-3052

CREDIT APPLICATION FOR TRANSPORTATION

Firm Name:

DBA/AKA

Billing Address:

Shipping Address: *(if different for Billing)*

City/State/Zip:

City/State/Zip:

Telephone Number (____) _____

Fax Number (____) _____

Accounts Payable Contact Name _____

Phone number _____ Ext. _____

Accounts Payable email _____

Entity: ____Corporation ____Partnership ____Sole Proprietorship ____Individual ____LLC

Years in Business

Type of Business

Federal ID#

Credit Limit Requested: _____

TRADE/BUSINESS REFERENCES *(at least three)*

Name

Telephone

(____) _____

Email Address

City/State/Zip

PCT LOGISTICS, INC.
CREDIT APPLICATION FOR TRANSPORTATION
References, cont'd:

Name

Telephone

()

Email Address

City/State/Zip

Name

Telephone

()

Email Address

City/State/Zip

BANK REFERENCE

Account Name

Account #

Contact Person

Email Address

Telephone

()

Terms: PCT LOGISTICS, INC. (PCT) credit terms are Net 30 days from receipt of invoice. PCT reserves the right to charge interest at the rate of 18% per annum (1.5% monthly) or at the highest rate available under applicable law, to any account balance exceeding 30 days Net. Statements and invoices will be paid in accordance with terms set forth by PCT.

Guarantee: It is fully understood and agreed that upon approval of this application or reapplication and in consideration of credit being extended, the undersigned Principal(s) will unconditionally, individually, and jointly and severally guarantee full payment of the purchase price of goods and merchandise so delivered. It is understood and agreed that the purchaser will pay, to the extent permitted under applicable law, all reasonable collection fees, attorney fees, and court costs incurred by PCT in connection with any collection action.

PCT LOGISTICS, INC.
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Certification: I/We certify that all information on this application is correct, and the listed bank and references are authorized to release appropriate information to PCT, which will be held in confidence, necessary for credit approval and that an authorized officer, owner, partner or representative has signed this application.

BY signing below, I/we acknowledge and agree to the foregoing conditions.

Applicant: _____

By: _____

Title: _____ Date: _____