



Application for Credit

Return via fax to 630-860-5816

Company Name: _____ Federal Tax ID: _____
 Address: _____ Telephone No.: _____
 City: _____ State: _____ Zip: _____ Fax No.: _____
 Type of Business: _____ Years in Business: _____

Business Structure: ___ Corporation ___ Partnership ___ Proprietorship ___ Other

Name and Address if Owners, Partners, or Corporate Officers

Name	Title	Address	City, State, Zip

Carrier References

Company	City, State, Zip	Telephone No.	Fax No.

Trade References

Company	City, State, Zip	Telephone No.	Fax No.

Bank Reference

Bank: _____ Branch: _____ Account: _____
 Address: _____ Contact: _____

Signature & Authorization

I understand the following and will abide by your company's Terms and Conditions of service, a copy of which I have received

1. Notify PTS Logistics, Inc of any changes in ownership of our company;
2. If granted credit, our company agrees to pay all freight charges within agreed upon credit terms, and if these terms are not met all applicable discounts will be removed and full class rates will be applied. Late charges of 1.5% per month will be applied to balances not paid within 30 days of the invoice date;
3. It is agreed our account will become "Driver Collect" at time of pickup or delivery if we fail to pay invoices within above stated terms;
4. Our company's financial condition is satisfactory and we can meet all financial obligations;
5. There are no lawsuits or unpaid judgments against us at this present time. If our company defaults on payment of any outstanding VALID freight charges, we agree to pay attorney and collection expenses

Signature: _____ Title: _____
 Print Name: _____ Date: _____

TO BE SIGNED BY A PARTNER OR OFFICER ONLY