

**PTS Logistics (PTSL)**  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title:		Credit Requested:	
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Account number:		
Savings			
Checking			
Other			

**BUSINESS/TRADE REFERENCES**

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

**AGREEMENT**

1. If granted credit, all invoices are to be paid 30 days from the date of the invoice. Balances over 30 days will be subject to finance charges at the maximum legal rate, assessed on the 15<sup>th</sup> of each month.
2. If outside collections are required, customer agrees to pay for reasonable attorney & collection related costs.
3. By submitting this application, you authorize PTS Logistics (PTSL) to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title: Date:	Title: Date:
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