

PERFORMANCE TRUCKING, INC.
P.O. BOX 1955, SUWANEE, GA 30024-0975
Phone: (678) 546-6874 Fax: (678) 546-6878

CREDIT APPLICATION

Customer Information:

BUSINESS NAME: _____ PHONE: () _____

ADDRESS: _____ FAX: () _____

_____ City _____ Zip

TYPE OF BUSINESS: _____ FED ID/SS#: _____

TYPE OF OWNERSHIP (*Check one*): _____ PROPRIETOR _____ PARTNERSHIP _____ CORPORATION

DUN&BRADSTREET NO.: _____

YEAR COMPANY ESTABLISHED: _____ PAYMENT TERMS: _____

BILL TO: _____ 3RD PARTY: YES / NO (*check one*)

_____ City _____ Zip

CONTACT PERSON IN A/P: _____ PHONE: () _____

OWNER/PRINCIPAL: _____ PHONE: () _____

Bank Reference:

BANK NAME & ADDRESS: _____

ACCOUNT NO: _____

BANK OFFICER/CONTACT: _____ PHONE: () _____

Carrier/Trade References:

REFERENCE 1: _____ ACCOUNT NO: _____
CITY: _____ CONTACT PERSON: _____
PHONE: () _____ FAX: () _____

REFERENCE 2: _____ ACCOUNT NO: _____
CITY: _____ CONTACT PERSON: _____
PHONE: () _____ FAX: () _____

Performance Trucking, Inc.
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Credit Application

REFERENCE 3: _____	ACCOUNT NO: _____
CITY: _____	CONTACT PERSON: _____
PHONE: () _____	FAX: () _____

REFERENCE 4: _____	ACCOUNT NO: _____
CITY: _____	CONTACT PERSON: _____
PHONE: () _____	FAX: () _____

Terms: Net 30 days upon invoice date

I certify that the information herein is true and correct and that no material or pertinent facts have been withheld. I also authorize the firm to whom this application is made to investigate the references listed pertaining to our credit and financial responsibility. Applicant's signature attests financial responsibility, ability, and willingness to pay all invoices in accordance with terms listed herein.

SIGNATURE: _____

FULL NAME: _____ TITLE: _____

DATE: _____

Note: Please fax the completed credit application to our accounting department at: (678) 546-2001.

<u>For office Use only:</u>
Signed: _____
Title: _____
Approval/limit: _____
Date: _____