



## CREDIT APPLICATION

### COMPANY / CONTACT INFORMATION

Company Name		Date business commenced	
Contact Name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other  If subsidiary, list parent company:	Have you ever filed bankruptcy?  Yes / No      Date:  If yes, explain:
Phone   Fax			
E-mail			
Company address City, State, ZIP Code			
Line of Business, include product type(s) to be shipped			

### CREDIT INFORMATION

Bank Name		Bank Name	
Bank Address City, State Zip Code		Bank address City, State ZIP Code	
Phone		Phone	
Account number		Account number	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

### TRADE REFERENCES

Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Length of relationship
Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Length of relationship
Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Length of relationship

### AGREEMENT

The undersigned certifies that the above information is true and correct. By submitting this application, I authorize Pexa Logistics, LLC to make inquiries into the banking and business/trade references that you have supplied, and authorize the above named references to release relevant information to Pexa Logistics, LLC.

### SIGNATURES

Signature	Signature
Name and Title	Name and Title
Date	Date