



CREDIT APPLICATION FORM

COMPANY INFORMATION

Company Name _____
 Address _____
 City, State, Zip Code _____
 Tel. No. _____
 Fax No. _____
 E-mail address _____
 Shipping Contact _____
 Accts. Payable Contact _____
 Requested Terms _____

Type of Business (please check):

_____ LLC
 _____ Sole Proprietor
 _____ Partnership (LLP)
 _____ Corporation

Year of Incorporation: _____

EIN: _____

D & B Number (required): _____

BANK REFERENCES

Name of Bank _____
 Address _____
 City, State, Zip Code _____
 Account No. _____

Tel. No. _____

Fax No. _____

CREDIT REFERENCES

Company _____
 Address _____
 City, State, Zip Code _____
 Contact _____

Tel. No. _____

Fax No. _____

Company _____
 Address _____
 City, State, Zip Code _____
 Contact _____

Tel. No. _____

Fax No. _____

Company _____
 Address _____
 City, State, Zip Code _____
 Contact _____

Tel. No. _____

Fax No. _____

VOLUME INFORMATION

Expected Average Shipment Volume Per Month (\$) _____

(Please note: new accounts have an open amount of \$750.00 for the first shipment at time of pick-up or delivery. Thereafter, credit limit will be established once credit application has been approved, unless otherwise arranged by a Manager of PIM).

DECLARATION

I/We declare that the information given above is accurate. I/We authorize PIM Global Logistics to contact any references and banks necessary in order to open a credit account.

Authorized Signature _____

Date _____

Please Print Name _____

Title _____