

CREDIT APPLICATION FOR A BUSINESS ACCOUNT



**PINCH TRANSPORT**

**832.399.1032**

(Application must be completed & signed by an officer of the company to process)

**PINCH CONTACT INFORMATION**

Pinch Group of Companies  
 18515 Aldine Westfield  
 Houston, TX 77073  
 832-399-1032

Credit Processing / Sales  
 Contact: Ken Skadal  
 Email: [insidesales@pinchtransport.com](mailto:insidesales@pinchtransport.com)  
 Phone: 832-399-1032

**BUSINESS CONTACT INFORMATION**

Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Federal ID#:			
Date of incorporation:		State of incorporation:	
Parent corporation:			
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other

**OFFICERS OF THE COMPANY**

PRESIDENT	
VICE PRESIDENT	
CONTROLLER/TREASURY	
ACCOUNTS PAYABLE	<b>INVOICES TO BE EMAILED TO:</b>

**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 numbers	
Savings		
Checking		
Other		

BUSINESS/TRADE REFERENCES (PLEASE INCLUDE YOUR COMPANY REFERENCE SHEET)			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

**AGREEMENT**

APPLICANT'S SIGNATURE(S) ATTEST ACCEPTANCE OF AGREEMENT, FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS AND CONDITIONS: TERMS OF PAYMENT ARE **NET 30** DAYS FROM DATE OF SERVICE. IN THE EVENT OF A SERVICE/BILLING DISCREPANCY, I/WE (THE CUSTOMER) MUST NOTIFY PINCH HOLDINGS, INC. AND/OR ANY OF ITS SUBSIDIARY COMPANIES (PINCH) IN WRITING WITHIN 30 DAYS OF SERVICE DATE AT THE ADDRESS LISTED ABOVE; IF PINCH IS NOT CONTACTED WITHIN THIS TIME FRAME, ALL AMOUNTS WILL BE PAID AS INVOICED. INTEREST WILL ACCUMULATE AT A RATE OF **18%** per ANNUM ON ALL OUTSTANDING CHARGES AND THERE WILL BE A \$ 30.00 FEE ON ALL RETURNED CHECKS OR THE *MAX ALLOWED BY LAW*. I, THE APPLICANT, WILL BE RESPONSIBLE FOR ATTORNEY'S FEES, COURT COST AND POST-JUDGEMENT INTEREST, IF DEFAULT LITIGATION OCCURS. THIS AGREEMENT SHALL BE ENFORCED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS. THE INFORMATION GIVEN PROVIDED ON THIS FORM IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRENTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

I/WE HEREBY AUTHORIZE ANY AND ALL REFERENCES LISTED ABOVE TO ANSWER AND REVEAL ANY AND ALL CREDIT INFORMATION, HISTORY AND DETAILS ABOUT MY/OUR ACCOUNT TO THE FIRM TO WHOM THIS APPLICATION IS MADE.

**SIGNATURE BY AN OFFICER OF THE COMPANY REQUIRED**

Signature:
Printed Name:
Title:
Date:

By establishing an account with Pinch Transport, consisting of Pinch Flatbed and Pinch Intermodal, you are agreeing to the terms and conditions within the Contract of Carriage found by visiting [www.pinchtransport.com/customer-resources](http://www.pinchtransport.com/customer-resources)