



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

PINCH FLATBED
832.399.1032 ext 2

(Please fax completed application back to 832.399.1024, if not COMPLETE we will not process)

CONTACT INFORMATION

Mailing Address: PO Box 60473, Houston, TX 77205
Contact: Tammy Carkhuff, tcarkhuff@pinchflatbed.com
Phone: 832.399.1032 ext. 1006
Fax: 832.399.1024

BUSINESS CONTACT INFORMATION

Form with fields for Company name, Phone, Fax, E-mail, Registered company address, City, State, ZIP Code, Federal ID#, Date of incorporation, State of incorporation, Parent corporation, and Sole proprietorship/Partnership/Corporation/Other checkboxes.

OFFICERS OF THE COMPANY

Form with fields for PRESIDENT, VICE PRESIDENT, CONTROLLER/TREASURY, ACCOUNTS PAYABLE, and INVOICES TO BE EMAILED TO.

BUSINESS AND CREDIT INFORMATION

Form with fields for 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, and Account numbers.

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.

1 OFFICER SIGNATURE REQUIRED

Signature:	
Printed Signature:	
Title:	
Date:	