

powersource transportation inc.

your source for power

APPLICATION FOR CREDIT

Complete Mailing Address	NAME _____ FEDERAL ID# _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____
Physical Address	ADDRESS _____
	CITY _____ STATE _____ ZIP _____

CONTACT FOR A/P _____ PHONE _____ FAX _____

STATE INCORPORATED IN _____ YEAR INCORPORATED _____ ANNUAL SALES _____

WHAT IS REQUIRED WITH, OR ON BILLING? P.O.D. YES NO P.O. YES NO B/L YES NO

CREDIT REFERENCES

PLEASE ANSWER ALL QUESTIONS FOR AT LEAST 3 TRUCKING COMPANIES YOU NOW USE.

NAME OF CARRIER _____ PHONE _____

AR CONTACT _____ COMPLETE ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF LAST PURCHASE OF SERVICES _____ HIGH CREDIT \$ _____

CURRENT AMOUNT OWED \$ _____ YEAR ACCOUNT OPENED _____

NAME OF CARRIER _____ PHONE _____

AR CONTACT _____ COMPLETE ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF LAST PURCHASE OF SERVICES _____ HIGH CREDIT \$ _____

CURRENT AMOUNT OWED \$ _____ YEAR ACCOUNT OPENED _____

NAME OF CARRIER _____ PHONE _____

AR CONTACT _____ COMPLETE ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF LAST PURCHASE OF SERVICES _____ HIGH CREDIT \$ _____

CURRENT AMOUNT OWED \$ _____ YEAR ACCOUNT OPENED _____

BANKING REFERENCES

NAME OF BANK _____ ACCOUNT # _____

COMPLETE ADDRESS _____

CONTACT PERSON _____ PHONE _____

ACCOUNT OPEN SINCE _____

I hereby authorize Powersource Transportation, Inc. to verify that the information given is true and correct. Should credit be extended by Powersource Transportation, Inc. to the above referenced company, signature hereon is notification and acceptance of our terms of NET 30 days from the date of delivery. If the freight bill has not been paid within thirty (30) days, Powersource Transportation, Inc. maintains the right to charge eighteen percent (18%) annual interest on unpaid balances, compounded monthly, together with any and all collection costs, including attorney fees. All civil actions shall be filed in the court of proper jurisdiction in the State of Indiana and the laws of the State of Indiana shall apply.

FOR THE APPLICANT: _____ PRINTED OR TYPED

X _____ TITLE _____ DATE _____