

Application for CreditReturn via fax to 630-860-5816

Company Name:			Federal Tax ID:	
Address:			Telephone No.:	
City:	State:	Zip:		
Type of Business:				
Business Structure:	Corporation	Partnership	ProprietorshipOther	
Name and Address	if Owners, Partners, or	· Corporate Offic	ers	
Name	Title	Address	City, State, Zip	
Carrier References				
Company	City, State, Zip	Telephone	e No. Fax No.	
Trade References				
Company	City, State, Zip	Telephone	e No. Fax No.	
Bank Reference		Dranch	Aggovents	
			Account: Contact:	
I understand the following 1. Notify PTS Logistics, 12. If granted credit, our coapplicable discounts will paid within 30 days of the 3. It is agreed our account terms; 4. Our company's financiation 5. There are no lawsuits of	g and will abide by your com Inc. & Progressive Transport ompany agrees to pay all freig be removed and full class rat e invoice date; t will become "Driver Collect al condition is satisfactory ar	Signature & Apany's Terms and Coation Services, Inc. of ght charges within agres will be applied. Lat' at time of pickup or and we can meet all finals at this present time.	Authorization Inditions of service, a copy of which I have received I any changes in ownership of our company; I reed upon credit terms, and if these terms are not met all I atte charges of 1.5% per month will be applied to balances no I delivery if we fail to pay invoices within above stated	
		Ti	itle:	
Print Name: Da			Date:	