

**PERFORMANCE TRANSPORTATION, INC.**  
**P.O. BOX 1955, SUWANEE, GA 30024-0975**  
**Phone: (678) 546-6870 Fax: (678) 546-6878**

**CREDIT APPLICATION**

**Customer Information:**

BUSINESS NAME: \_\_\_\_\_ PHONE: ( \_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: ( \_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip

TYPE OF BUSINESS: \_\_\_\_\_ FED ID/SS#: \_\_\_\_\_

TYPE OF OWNERSHIP (*Check one*): \_\_\_\_\_ PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION

DUN&BRADSTREET NO.: \_\_\_\_\_

YEAR COMPANY ESTABLISHED: \_\_\_\_\_ PAYMENT TERMS: \_\_\_\_\_

BILL TO: \_\_\_\_\_ 3<sup>RD</sup> PARTY: YES / NO (*check one*)

\_\_\_\_\_ City \_\_\_\_\_ Zip

CONTACT PERSON IN A/P: \_\_\_\_\_ PHONE: ( \_\_\_\_ ) \_\_\_\_\_

OWNER/PRINCIPAL: \_\_\_\_\_ PHONE: ( \_\_\_\_ ) \_\_\_\_\_

**INVOICING ACCEPTANCE METHOD** (*Check one*):

1. \_\_\_\_\_ EMAIL –INDICATE EMAIL ADD: \_\_\_\_\_
2. \_\_\_\_\_ FAX – INDICATE FAX NO: \_\_\_\_\_
3. \_\_\_\_\_ REGULAR MAIL ONLY

**Bank Reference:**

BANK NAME & ADDRESS: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

BANK OFFICER/CONTACT: \_\_\_\_\_ PHONE: ( \_\_\_\_ ) \_\_\_\_\_

**Carrier/Trade References:**

REFERENCE 1: _____ ACCOUNT NO: _____
CITY: _____ CONTACT PERSON: _____
PHONE: ( ____ ) _____ FAX: ( ____ ) _____
EMAIL: _____

**Performance Transportation, Inc.**  
**Page Two**  
**Credit Application**

REFERENCE 2: _____	ACCOUNT NO: _____
CITY: _____	CONTACT PERSON: _____
PHONE: ( _____ ) _____	FAX: ( _____ ) _____
EMAIL: _____	

REFERENCE 3: _____	ACCOUNT NO: _____
CITY: _____	CONTACT PERSON: _____
PHONE: ( _____ ) _____	FAX: ( _____ ) _____
EMAIL: _____	

REFERENCE 4: _____	ACCOUNT NO: _____
CITY: _____	CONTACT PERSON: _____
PHONE: ( _____ ) _____	FAX: ( _____ ) _____
EMAIL: _____	

**Terms: Net 30 days upon invoice date**

*I certify that the information herein is true and correct and that no material or pertinent facts have been withheld. I also authorize the firm to whom this application is made to investigate the references listed pertaining to our credit and financial responsibility. Applicant's signature attests financial responsibility, ability, and willingness to pay all invoices in accordance with terms listed herein.*

SIGNATURE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Note: Please fax the completed credit application to our accounting department at: (678) 546-2001.**

<b><u>For office Use only:</u></b>
Signed: _____
Title: _____
Approval/limit: _____
Date: _____