



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	Tammy Carkhuff	tcarkhuff@pinchflatbed.com
	TX	Main	832.399.1032 ext. 1006
	77205	Fax	832.399.1024

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: <input type="checkbox"/>

OFFICERS OF THE COMPANY

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

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.

1 OFFICER SIGNATURE REQUIRED

Signature:	
Printed Signature:	
Title:	
Date:	