

Credit Application for a Business Account  
Pinch Group of Companies  
832.399.1032



Please email completed application back to [mvidal@pinchtransport.com](mailto:mvidal@pinchtransport.com)

**PLEASE NOTE: If not COMPLETED/SIGNED we will not be able to process**

PINCH CONTACT INFORMATION			
Pinch Group of Companies		Credit processing/ Inside sales	
Phone:	<u>832-399-1032</u>	Contact:	<u>Monica Vidal</u>
Mailing	<u>PO Box 60473</u>	Email:	<u><a href="mailto:mvidal@pinchtransport.com">mvidal@pinchtransport.com</a></u>
Address:	<u>Houston, TX 77205</u>	Main:	<u>832.399.1032 ext. 1054</u>
Referred by: Sales Rep:		Customer Reference:	Web site:
Business: Pinch Flatbed:		Pinch Logistics:	Pinch Intermodal:
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:	Partnership:	Corporation:	Other:
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			

Initials \_\_\_\_\_

**BUSINESS/TRADE REFERENCES**  
**(PLEASE INCLUDE AT LEAST ONE LOGISTICS/TRANSPORTATION REFERENCE)**  
**YOU MAY ATTACH 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**

<b>Signature:</b>
<b>Printed Signature:</b>
<b>Title:</b>
<b>Date:</b>

Initials \_\_\_\_\_