



PERFORMANCE FREIGHT SYSTEMS

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CREDIT APPLICATION

Please fill out the information below and return it as soon as possible in order for us to have complete and accurate information in your file. Thank you for taking the time to help us serve you better.

CUSTOMER INFORMATION

Customer Name: _____
 Bill to Address: _____
 City: _____ State: _____ Zip: _____
 Phone No: _____ Fax No.: _____ Mobile No: _____
 Contact Person: _____ Owner: _____
 Email address: _____

BANK REFERENCE

Banking Institution: _____ City: _____ State: _____
 Contact Person: _____ Phone #: _____

CREDIT REFERENCES

1) Company: _____	2) Company: _____
Contact Person: _____	Contact Person: _____
Address: _____	Address: _____
Phone # _____	Phone # _____
Comments: _____	Comments: _____

AUTHORIZING STATEMENT

The undersigned:

- 1) certifies that all information provided is true and correct
- 2) agrees to abide by the terms of sale

Print Name _____ Title _____

Signature: _____ Date: _____

Officer Signature (If Corp.) _____ Date: _____

For Performance Use ONLY

Credit Limit _____ Terms _____ Salesperson _____

Approved by Controller _____ Credit Report Finding _____

Notes _____