



Please forward completed credit application to: NewAcct@pegasuslogistics.com

Applicant's Legal Name: _____ Phone #: _____
 Trade Name: _____ Fax #: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Div. _____ Subsidiary of _____ City: _____ State: _____ Zip: _____
 If listed with Dun & Bradstreet, insert applicant's #: _____ Tax ID # _____
 Corp Structure: Corp _____ Partnership _____ Proprietorship _____ Public _____ Private _____
 Nature of business: _____
 State in which incorporated: _____ In business since: _____
 Accounts Payable Contact: _____ Phone#: _____
 E-mail Address: _____

Please list any special billing requirements: _____

List 3 references that applicant has done business with for **at least 3 years** on an open account basis. (At least 1 freight vendor)
*****Excludes Overnight Couriers*****

(Company)	(City, State)	(Phone/Fax #)
(Company)	(City, State)	(Phone/Fax #)
(Company)	(City, State)	(Phone/Fax #)

Bank Name and Address: _____
 Account Officer: _____ Account #: _____ Phone #: _____

I hereby certify that the information in this application is true and complete. I authorize the release of credit information from the above references in order to establish a line of credit. I agree to pay all invoices no later than 30 days from invoice date. I understand that duties and taxes are excluded from the 30-day payment terms as Pegasus does not assume responsibility for the outlay of these funds. Duties and taxes will be due within 5 days unless they are paid directly to CBP through my ACH Debit Account. Should I choose not to establish an ACH Debit Account with CBP and prefer not to be billed separately for the duties and taxes, I understand that there will be a duty outlay disbursement fee included on all invoices where applicable. Should the account, at any time, be turned over to a collection agency, I agree to pay all incurred charges, including attorney's fees.

Signature of Financial Officer _____ Official Title _____

Type/Print Name _____ Date _____

For Internal Use Only

Sales Person: _____ Sales # _____ Date: _____
 Requested Credit Line: _____ Need approval by: _____
 Customer Account # _____ Credit Limit: _____ By: _____