



\_\_\_\_\_  
Sales Representative

\_\_\_\_\_  
Location/Department

8788 Byron Commerce Drive, Byron Center, MI 49315 / Phone: (616) 878-7900 Fax (616) 878-7901  
2203 Oliver Ave. Indianapolis, IN 46221/ Phone: (317) 241-7180 Fax (317)241-7594

CREDIT APPLICATION

Name of Business \_\_\_\_\_ Years in Business \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_  
Federal ID# \_\_\_\_\_ Tax Exempt # \_\_\_\_\_ ICC # \_\_\_\_\_

★ Email \_\_\_\_\_

Closest Relative (not living with you): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_

TYPE OF ORGANIZATION

**CORPORATION**

Name \_\_\_\_\_ SSN# \_\_\_\_\_  
Title \_\_\_\_\_  
Name \_\_\_\_\_ SSN# \_\_\_\_\_  
Title \_\_\_\_\_  
Name \_\_\_\_\_ SSN# \_\_\_\_\_  
Title \_\_\_\_\_  
Incorporation Date \_\_\_\_\_ State \_\_\_\_\_  
Person Authorized to Sign \_\_\_\_\_

**Please provide corporate resolution**

**LIMITED LIABILITY COMPANY**

Name \_\_\_\_\_ SSN# \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ SSN# \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ SSN# \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ SSN# \_\_\_\_\_  
Address \_\_\_\_\_  
Incorporation Date \_\_\_\_\_  
State \_\_\_\_\_  
Person Authorized to Sign \_\_\_\_\_

**Please provide your operating agreement**

**PARTNERSHIP**

Partner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ SSN# \_\_\_\_\_  
Partner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ SSN# \_\_\_\_\_

**PROPRIETORSHIP**

Name \_\_\_\_\_  
SSN# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
SSN# \_\_\_\_\_

Years in Business \_\_\_\_\_ # of Vehicles in Fleet \_\_\_\_\_ Real Estate: \_\_\_ Rent \_\_\_ Own  
Bankruptcy \_\_\_ yes \_\_\_ no Repossession \_\_\_ yes \_\_\_ no Suits, Liens, Judgments \_\_\_ yes \_\_\_ no  
Vehicles will be Located in (City & State) \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Do you require Purchase Order Numbers with each purchase? \_\_\_ yes \_\_\_ no  
Type of business \_\_\_\_\_

Insurance Agency \_\_\_\_\_ Policy # \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

PACE TRANSPORTATION SERVICES  
Credit Application Continued

BANK REFERENCES

Bank Name _____	Account # _____
Address _____	Contact Person _____
Phone # _____	Fax # _____
Bank Name _____	Account # _____
Address _____	Contact Person _____
Phone # _____	Fax # _____

CREDIT REFERENCES

Name	Phone Number	Fax Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

We hereby certify that the above information is correct and understand that ***Pace Transportation services*** or it's assignees is authorized to contact any references or banks listed above or by requesting credit information from other reporting agencies. The company agrees that if any amount owing is not timely paid, the company/applicant shall pay on all amounts owed, a finance charge of 1.5% per month, including actual reasonable attorney fees and collection costs.

In consideration of the credit extended to the above named company, I personally guarantee timely payments to ***Pace Transportation Services***, of all amounts now owing and hereafter accruing by the company, jointly and severally, with all other persons liable.

Signed By: \_\_\_\_\_

Signed By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signed By: \_\_\_\_\_

Signed By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

If sales tax exempt, you must fill out the attached exemption certificate and include a copy of your ICC authorization if applicable.