



3345 East Main Street, Plainfield, Indiana 46168

Phone: (317) 839-6515 FAX: (317)839-6547

Contact: Cindy Abner [cabner@paceairfreight.com](mailto:cabner@paceairfreight.com)

### CREDIT APPLICATION

#### GENERAL INFORMATION

(COMPANY NAME)	(DATE)
(NATURE OF BUSINESS)	(TELEPHONE)

#### MAILING ADDRESS

(ADDRESS)		
(CITY)	(STATE)	(ZIP CODE)

#### LOCATION (P.O. BOX NOT ACCEPTABLE)

(LOCATION)	(LENGTH OF TIME AT THIS ADDRESS)
(CITY)	(STATE) (ZIP CODE)

#### IS YOUR COMPANY A (CHECK ONLY ONE)

CORPORATION <input type="checkbox"/>	PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
--------------------------------------	-----------------------------------------	--------------------------------------

#### OWNERS, PARTNERS, OR OFFICERS

(NAME)	(ADDRESS)	(TELEPHONE)
(NAME)	(ADDRESS)	(TELEPHONE)



**TRADE REFERENCES**

(NAME)	(ADDRESS)	(EMAIL)
(NAME)	(ADDRESS)	(EMAIL)
(NAME)	(ADDRESS)	(EMAIL)

**IF A DBA, INDIVIDUAL OR PARTNERSHIP, PLEASE LIST CREDIT CARD NUMBERS**

(MC/VISA#)	(AMERICAN EXPRESS#)
------------	---------------------

**BANKING REFERENCES**

(NAME)	(CHECKING ACCT.#)
(ADDRESS)	(SAVINGS ACCT.#)
(TELEPHONE)	(FEDERAL ID#)
(CONTACT)	(D & B RATING)

**ACCOUNTING INFORMATION**

(NAME)	(PHONE)	(EMAIL)	(SEND INVOICES Y/N)
(NAME)	(PHONE)	(EMAIL)	(SEND INVOICES Y/N)
(NAME)	(PHONE)	(EMAIL)	(SEND INVOICES Y/N)

**SPECIAL BILLING INSTRUCTIONS:**

---

---

---

---



THE UNDERSIGNING HEREBY AGREES TO PAY THE ACCOUNT IN FULL WITHIN 30 DAYS FROM RECEIPT OF INVOICE. ON ANY INVOICE NOT PAID WITHIN 30 DAYS FROM THE DATE OF BILLING, THE UNDERSIGNED AGREES TO PAY A FINANCE CHARGE ON THE UNPAID BALANCE AT THE PERIODIC RATE OF 1.5% PER MONTH WHICH IS AN ANNUAL PERCENTAGE OF 18%.

IN THE EVENT THAT IT BECOMES NECESSARY FOR PACE AIR FREIGHT, INC. TO REFER TO A COLLECTION AGENCY AND/OR ATTORNEY, ALL REASONABLE COLLECTION AND/OR LEGAL FEES WILL BE PAID IN FULL BY DEBTOR. IT IS FURTHER AGREED THAT THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF INDIANA, AND, UNLESS PROHIBITED BY LAW, ANY SUIT BY ANY PARTY RELATING TO THIS AGREEMENT SHALL BE BROUGHT AND MAINTAINED IN THE COUNTY OF HENDRICKS, IN THE STATE OF INDIANA.

(SIGNATURE)

(DATE)

\_\_\_\_\_

\_\_\_\_\_

(FIRM)

(TITLE)

\_\_\_\_\_

\_\_\_\_\_

FOR USE BY PACE AIR FREIGHT, INC.	
(REFERENCE #1)	(COMMENTS)
(REFERENCE #2)	(COMMENTS)
(REFERENCE #3)	(COMMENTS)
(BANKING REFERENCE)	(COMMENTS)