CREDIT APPLICATION FOR A BUSINESS ACCOUNT

PINCH TRANSPORT

832.399.1032

(Application must be completed & signed by an officer of the company to process)

PINCH CONTACT INFORMATION

Pinch Group of Companies
18515 Aldine Westfield
Houston, TX 77073
832-399-1032

PLEASE SEND TO:
Credit Processing / Sales
Email: credit@pinchtransport.com
Phone: 832-399-1032

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			

Initial_____

BUSINESS/TRADE REFERENCES (PLEASE INCLUDE 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*. IN THE EVENT ANY THIRD PARTIES ARE EMPLOYED TO COLLECT ANY OUTSTANDING MONIES OWED BY A BUSINESS THE UNDERSIGNED AGREES TO PAY REASONABLE COLLECTION COSTS, INCLUDING ATTORNEY FEES, WHETHER OR NOT LITTIGATION HAS COMMENCED, AND ALL COSTS OF LITIGATION INCURRED. 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.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS THE AUTHORITY TO EXECUTE THIS CREDIT AGREEMENT ON BEHALF OF THE BUSINESS IDENTIFIED.

Signature:

Printed Name:

Title:

Date:

PLEASE SEND TO:
Credit Processing / Sales
Email: credit@pinchtransport.com
Phone: 832-399-1032

By establishing an account with Pinch Transport, consisting of Pinch Flatbed and Pinch Intermodal, you are agreeing to the terms and conditions within the Contract of Carriage found by visiting www.pinchtransport.com/customer-resources

Initial_____

Pinch Transport

BUSINESS PARTNER SECURITY QUESTIONNAIRE

Instructions: Please complete this questionnaire as part of Pinch Transport's business partner security assessment. This information is required to comply with CTPAT (Customs-Trade Partnership Against Terrorism) Minimum Security Criteria.

SECTION A: COMPANY INFORMATION

Company Legal Name:	
DBA / Trade Name (if different):	
Physical Address:	
Mailing Address (if different):	
Phone / Fax: Website:	
Years in Business:	
Number of Employees:	
MC/DOT Number (if carrier):	
Primary Contact Name/Title:	
Contact Email/Phone:	

SECTION B: SECURITY CERTIFICATIONS

Certification	YES	NO
Is your company CTPAT certified?	☐	☐
If yes, CTPAT SVI Number:		
Is your company PIP certified (Canada)?	☐	☐
If yes, PIP Number:		
Other AEO/trusted trader certification:		

SECTION C: SECURITY PRACTICES

Security Practice	YES	NO
Do you conduct background checks on employees?	☐	☐
Do you conduct drug testing on drivers?	☐	☐
Do you have written security procedures?	☐	☐
Do you provide security awareness training?	☐	☐
Is your facility fenced and/or access controlled?	☐	☐
Do you have security cameras at your facility?	☐	☐
Do you use GPS tracking on vehicles?	☐	☐

SECTION D: SEAL & CARGO INTEGRITY (Carriers Only)

Seal / Cargo Practice	YES	NO
Do you use ISO 17712 compliant high-security seals?	☐	☐
Do you have written seal verification procedures?	☐	☐
Do drivers perform 17-point inspections?	☐	☐

Do you have procedures for reporting seal discrepancies?	☐	☐

SECTION E: CERTIFICATION

I certify that the information provided in this questionnaire is true and accurate to the best of my knowledge. I understand that Pinch Transport requires this information to comply with CTPAT security requirements and that false or misleading information may result in termination of our business relationship.

Signature: _____

Print Name:_____

Date:_____

Return completed questionnaire to: Kenny Sorenson, CTPAT Point of Contact, Pinch Transport