



Pan Western Corporation
 4910 Donovan Way, Suite A • North Las Vegas, NV 89081-2765
 Phone: (702) 632-2931 • Fax: (702) 632-2956

CREDIT APPLICATION

COMPANY NAME:

BRANCH ADDRESS	CITY / STATE / ZIP	PHONE
CORPORATE ADDRESS	CITY / STATE / ZIP	PHONE
Motor Carrier, Broker, Intermodal Carrier Must Attach Surety Bond & Operating Authority MC#		

FREIGHT BILL PAYMENT INFORMATION

MAIL FREIGHT BILLS TO:		
ADDRESS	CITY / STATE / ZIP	PHONE
ACCOUNTS PAYABLE CONTACT:	PHONE	FAX
SPECIAL BILLING REQUIREMENTS:		P.O. REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO

OWNERSHIP:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation
FEDERAL ID#	YEAR STARTED	DUNS #	NATURE OF BUSINESS	

COMPANY OFFICERS:

NAME:	POSITION:	SS#
NAME:	POSITION:	SS#

BANKING INFORMATION

NAME OF BANK:		
BRANCH ADDRESS	CITY / STATE / ZIP	
PHONE: ()	ACCT NO.:	YEAR OPENED:
BANK CONTACT NAME:		

TRADE REFERENCES

COMPANY NAME	ADDRESS/CITY/STATE	FAX NUMBER	CONTACT
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

The purchaser is requesting credit from Pan Western Corporation, its subsidiaries, affiliates and assigns, and agrees to pay invoices with 30 calendar days. The purchaser understands that invoices exceeding 30 days are subject to late payment penalties including interest of 10% per month, in addition to collection costs including but not limited to collection agency fees, attorney fees, court costs and other expenses as incurred. It is agreed that Nevada will be the state of jurisdiction on any legal matters. Pan Western reserves the right to lien freight for freight bills exceeding the credit period. The undersigned attests that he/she has the legal right to enter into this agreement on behalf of the purchaser and gives permission for Pan Western to contact the above references. All invoices to be paid in U.S. currency.

(Signature)	(Title)
(Print Name)	(Date)



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INVOICE TRANSMISSION PROFILE

(To be completed and returned with new account documents)

Dear Vendor:

In an effort to provide you, our valued customer, with load documentation in the timeliest manner we have instituted various modes of invoice transmission. Please provide the following information for our records.

Accounts Payable Contact Name: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Billing Address: _____

Please indicate your invoice transmission preference below:

- E-Mail, Fax, Standard Mail options with checkboxes

WE CAN NOT PROVIDE ORIGINAL PAPERWORK-PHOTO COPIES OR ELECTRONIC TRANSMISSION WILL BE PROVIDED UPON REQUEST. PLEASE INITIAL _____

Company Name: _____

Completed By: _____ Date: _____