

910 Hale Place Suite 201 Chula Vista, CA 91914 888-991-5810

Return completed form and attachments to Email: credit@platinumlogistics.com

APPLICATION FOR CREDIT

Revised 05/25/2022

Customer Leg	al Name				_		
Physical Addr	ess						
	☐ Partnership	☐ Proprietorship		☐ Other	Website		
Phone		Fax			Years in Business		
			x ID#		Name of Principal		
Platinum Logistics	Sales Person						
	BANK REFERENCE (Please attach standard references or complete the below)						
Bank Name				Account Nu	mber		
Bank NameAddress				Phone			
City / State / Zip				Fax			
Primary Contact				Email Address			
					S (Please attach standard references or complete section below)		
1. Company					Contact		
Address					Phone/Fax		
City / State / Zip					Email		
2. Company				Contact			
Address				Phone/Fax			
City / State / Zip				Email			
3. Company				Contact			
Address					Phone/Fax		
		ACC	OUNTS P	AYABLE CONTA	стѕ		
Controller	Controller Phone			Em	Email		
A/P Manager	ager Phone			Em	Email		
INVOICE REQUIREMENTS (Please attach standard references or complete section below) □ PO# on Invoice □ POD Details on Invoice □ Other Back-up (POD/BOL) □ Online Billing Portal							
Invoice email add							
Special Requirem	`						
Platinum's freight te case of payment de	erms are 30 days. Dut	State of California apply a	and litigation	will be filed in the St	be imposed if payments are not received by the due date. In the state of California. In signing below, I accept Platinum's Terms and nd screening as required by federal regulations.		
Authorized Signa	ture of Applicant Is	s Required					
Print Name	ne Title				Date		