

## Customer Setup & Credit Application

Pioneer Service Internal Use Only

Approved Credit Limit \$ \_\_\_\_\_

Approved by \_\_\_\_\_

Date of Approval \_\_\_\_\_

Approved Terms \_\_\_\_\_

Thank you for choosing to do business with Pioneer Service! In order to effectively set you up as a customer, get you approved for credit (or credit card) payment and ensure that we effectively communicate with you, please fill out this form and send it to [Accounts@PioneerServiceInc.com](mailto:Accounts@PioneerServiceInc.com) or fax it to 630-628-9343.

**Requested Credit Limit:** \_\_\_\_\_

**Credit Card Payments Only?**

### SECTION 1: CUSTOMER SETUP INFORMATION (Required)

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Year Founded: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Corporation  S Corporation  Partnership  Proprietorship D&B # \_\_\_\_\_

Principal(s)/Owner(s) for privately held companies: \_\_\_\_\_

Controller Name: \_\_\_\_\_

We prefer to be invoiced:  Email \_\_\_\_\_  Mail  Fax \_\_\_\_\_

### SECTION 2: SHIPPING/PAPERWORK INSTRUCTIONS (Required)

Receiving Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Email BOL & Packing Lists to:  Receiving Contact  Other email: \_\_\_\_\_

Preferred Shipping Method:  UPS Acct # \_\_\_\_\_  FedEx Acct # \_\_\_\_\_

(Optional) Ship Freight Collect via \_\_\_\_\_ for shipments over \_\_\_\_\_ pounds.

Include the following with each shipment:

- Certificate of Conformance ( Keep on file but do not send.)
- Raw Material Certification ( Keep on file but do not send.)
- Outside Service Certificate of Conformance (additional fees may apply)
- None of the above

Additional Shipping Instructions:

**SECTION 3: TRADE REFERENCES (May provide on separate letterhead. Please consider supplying companies that do not provide machined parts as your trade references.)**

**Trade Reference (1)**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Trade Reference (2)**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Trade Reference (3)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Bank Reference**

In the event that there are not sufficient trade references to qualify for a line of credit, a bank reference may be substituted. Contact us at [accounts@pioneerserviceinc.com](mailto:accounts@pioneerserviceinc.com) for a separate Bank Credit Reference Form.

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**SECTION 4: AGREEMENT (Required):**

We certify that our firm is financially sound and warrant that all information provided by the Company in this application is true and accurate. We agree to pay Pioneer Service invoices according to approved terms. We understand that a service charge of 1.5% per month will be assessed on all past due invoices and we agree to pay such service charge when billed. We understand that paying via credit card beyond 10 days from the date of invoice will result in a 3% processing fee. All payments shall be made to Pioneer Service Inc. at 542 W Factory Road, Addison, IL 60101.

We agree to "Terms and Conditions of Sale" as found on <http://www.pioneerserviceinc.com/customerterms/>.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_

Please fax or email this completed form to us along with Trade References on company letterhead (if section 3 is not filled out).

For faster service and/or convenience, you may choose to pay by credit card. Please fax or email this form. If trade references are not provided, then a deposit of up to 100% of the order value may be required.

### **CREDIT CARD PAYMENTS**

- We prefer to pay by credit card. A minimum 30% deposit plus any tooling charges, will be charged at the time of order acceptance and the balance at the time of shipment.
- Send receipts to (name) \_\_\_\_\_ at (email) \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Credit Card Type: VISA MASTERCARD DISCOVER

Credit Card Number: \_\_\_\_\_

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

Security Code: \_\_\_\_\_

*Note: Call 630-628-0249 x 2 if you prefer to provide some or all of this information via phone.*

Note: This form will be destroyed once information is entered in TransFirst, our credit card processing company.