



Credit Application

* INDICATES A REQUIRED FIELD

*COMPANY NAME _____ *D.B.A _____

*SHIP/DEL. ADDRESS _____ *CITY _____ *STATE _____ *ZIP _____

*PHONE NUMBER (____) _____ *FAX NUMBER (____) _____ *EMAIL ADDRESS: _____

*CORPORATION () PARTNERSHIP () INDIVIDUAL () D.U.N.S. # _____

*FEDERAL TAX IDENTIFICATION#: _____ *LINE OF BUSINESS _____

*HAVE YOU EVER FILED BANKRUPTCY: _____ CASE #: _____ IF SO, IS IT DISCHARGED: _____

*NO. OF YEARS ESTABLISHED _____ *AMOUNT OF CREDIT REQUESTED \$ _____

*YEAR OF INCORPORATION _____ *STATE OF INCORPORATION _____

*NAME & ADDRESS OF PARENT COMPANY _____

*DHL SALES REPRESENTATIVE: _____ PHONE#: _____

*****Credit terms are 15 days unless otherwise specified in a written contract agreement*****

*Payment Data

1. INVOICES SHOULD BE MAILED TO _____

2. ACCOUNTS PAYABLE SUPERVISOR _____ EMAIL ADDRESS: _____

3. PHONE NUMBER (____) _____ 4. FAX NUMBER (____) _____

5. BILLING REQUIREMENTS _____

*Principals and Officers of Company

| NAME | MAILING ADDRESS | CITY | STATE | TITLE |
|-------|-----------------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

*Bank References

| BANK NAME | MAILING ADDRESS | CITY | STATE | ZIP CODE |
|------------------------|-----------------------|---------------------|-------|----------|
| _____ | _____ | _____ | _____ | _____ |
| BANKING OFFICIAL _____ | TYPE OF ACCOUNT _____ | BANK ACCOUNT# _____ | | |
| PHONE (____) _____ | FAX (____) _____ | | | |

Notice: The Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, DC 20580.

To the best of my knowledge the above statements are true. My signature below A) indicates my permission to obtain credit information from the sources referenced and B) attests financial responsibility and willingness to pay invoices in accordance with terms.

Authorized Signature

Title

Date



***Trade References/List of Suppliers**

| | | | |
|--|-------------------|-----------------|---------------|
| * COMPLETE COMPANY NAME: | * Address: | * Phone: | * Fax: |
| | | | |
| * Credit Dept. Name _____ * Email address: _____ | | | |

| | | | |
|--|-------------------|-----------------|---------------|
| * COMPLETE COMPANY NAME: | * Address: | * Phone: | * Fax: |
| | | | |
| * Credit Dept. Name _____ * Email address: _____ | | | |

| | | | |
|--|-------------------|-----------------|---------------|
| * COMPLETE COMPANY NAME: | * Address: | * Phone: | * Fax: |
| | | | |
| * Credit Dept. Name _____ * Email address: _____ | | | |

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