

DRT *transportation*

CREDIT APPLICATION

COMPANY NAME: _____

SHIPPING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

BILL TO (IF DIFFERENT): _____

CITY _____ STATE _____ ZIP _____

***** **BANK INFORMATION** *****

BANK NAME: _____

ADDRESS: _____

TELEPHONE: _____ CONTACT: _____

ACCOUNT #: _____

AMOUNT OF CREDIT REQUESTING: _____

.....

***** **TRADE REFERENCES** *****

COMPANY NAME: _____ COMPANY NAME: _____

CONTACT NAME OR DEPT: _____ CONTACT NAME OR DEPT: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

FAX: _____ FAX: _____

**** Terms and conditions****

Our terms are 30 days from the date of the invoice. If you are past due over the time allowed we are entitled to remove all discounts. If account is delinquent and is sent to an outside agency you will be subjected to additional fees.

ACCEPTANCE SIGNATURE _____ DATE _____

AT THIS TIME WE WOULD LIKE TO INFORM YOU THAT IF CREDIT IS GRANTED OUR PAYMENT TERMS ARE 30 DAYS.

DRT Transportation, LLC, 2397 Quentin Road, Suite B, Lebanon, PA 17042 (717) 274-2871 FAX (717) 273-1196