



# DEDICATED CARRIERS, INC.

4627 Town 'N Country Blvd., Tampa, FL 33615 \* (813)884-8466 \* (800)315-9878

## Credit Application

Customer Information:

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

D & B #: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Corporation

Partnership

Proprietorship

### Principals:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Years in Business: \_\_\_\_\_ State/Date Incorporated: \_\_\_\_\_ / \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Products/Value Shipped: \_\_\_\_\_

Credit Amount Requested \$: \_\_\_\_\_ Payment Terms Requested #: \_\_\_\_\_

### Billing Information: (DCI standard payment terms are 30 days from delivery date)

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Bill of Lading Required: \_\_\_\_\_ E-mail address for A/P Dept: \_\_\_\_\_

### References:

Bank Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Acct #: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Approved payment terms begin on the delivery date of your shipment and, if requested, a Proof of Delivery will be provided before the invoice due date via fax, web or e-mail.



'Home of the 3 - C Guarantee'

