



## Application for Credit

### Billing Information

NAME OF FIRM OR INDIVIDUAL				
ADDRESS			YEARS AT THIS ADDRESS	
CITY	STATE	ZIP	PHONE NUMBER	FAX NUMBER

The following information must be provided. It will be held in the strictest confidence.

### Ownership

CORPORATION   
  INCORPORATED IN LAST 12 MONTHS   
  PARTNERSHIP   
  INDIVIDUAL

NAME (S) OF PRINCIPAL (S)	ADDRESS	PHONE NUMBER

### Banking

BANK	BANK ADDRESS
BANK OFFICER OR DEPARTMENT	PHONE NUMBER

### Credit References

BUSINESS NAME	CUSTOMER # OR ACCOUNT #	PHONE NUMBER

**In the event that your account with Dart Couriers, Inc. should become more than 45 days delinquent we reserve the right to charge all delinquent amounts on a credit card provided by your company.**

Card #	Exp date	V code	Billing zip of card
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**We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.**

Date \_\_\_\_\_ 20\_\_\_\_ (Signed) \_\_\_\_\_  
 (Title) \_\_\_\_\_

Please return via fax to 817-616-0525 Attn: Mary Kersten



## Delivery Information

We at *Dart Couriers, Inc.* would appreciate you taking a few moments to complete the following questionnaire. This will help us setup your account with the information your firm requires.

1. Is your billing address different from your shipping address?  Yes  No If "Yes" complete

Delivery Address: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like your bills emailed? Address \_\_\_\_\_

2. How did you hear of *Dart Couriers, Inc.*? \_\_\_\_\_

3. Are there any special instructions that we need to be aware of? (i.e. deliver to side door)  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

4. Will any of your deliveries require a truck? If "Yes", the Customer Service Representative will ask if a truck is required at the time the order is placed.  Yes  No

5. If we need to contact your firm after hours, is there a special phone number or extension that we need to be aware of?  Yes  No If "Yes" enter information below

\_\_\_\_\_

6. What type of business does your firm operate? \_\_\_\_\_

7. Does your firm require any type of Reference or P.O. Number?  Yes  No

If "Yes" describe: (i.e. GF#123456, P.O.#123456)

\_\_\_\_\_

8. Will any of your deliveries require drivers to collect a COD amount from your customer?

Cash Only  Cash/Check  NO

9. Additional information that you feel we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**Note: Your billing copy will include the delivery information. You will not receive a copy of the delivery receipt unless requested.**