

# Shipper Credit Application

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Billing Address (if different): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_  
Shipping Contact \_\_\_\_\_ Payable Contact \_\_\_\_\_  
Special Billing Requirements \_\_\_\_\_  
Year Established \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_ DUNS# \_\_\_\_\_  
Business Structure (circle one) Corp. Partnership Sole Prop. LLC \_\_\_\_\_

## BANK INFORMATION

Name of Bank \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Account Numbers \_\_\_\_\_

## THREE CARRIER REFERENCES

Carrier \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Carrier \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Carrier \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

I agree to and will abide by these DLR Logistics Group, LLC Policies:

1. We agree to immediately notify DLR Logistics Group, LLC of any change of ownership, name, address, phone, etc.
2. If granted credit, our company agrees to pay our freight bills within 21 days of receipt.
3. In case of claim, any payments due DLR Logistics Group, LLC will not be subject to withholding in lieu of insurance settlement.
4. I authorize the release of credit information to DLR Logistics Group, LLC and/or Factoring Company (if applicable), which will be held in strict confidence by DLR Logistics Group, LLC and/or Factoring Company (If applicable.)
5. If outside collections are required, we agree to pay for reasonable attorney and collection related costs. We acknowledge that amounts past due may be charged interest at the maximum legal rate.
6. We understand that DLR Logistics Group, LLC is a Broker and not a Carrier and that DLR Logistics Group, LLC does not assume liability as a Carrier.
7. I am an authorized representative of the company and have the authority to execute this document.

Shipper Name: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

DLR Logistics Group, LLC Associate or Agent \_\_\_\_\_

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