



# Dedicated Global Carriers

970 Lake Carillon Drive, Suite 300 | St. Petersburg, FL 33716

## 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:** (DGC standard payment terms are 15 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.

