

Credit Application

FIRM'S LEGAL NAME: _____ HOW LONG IN BUSINESS: _____

DBA'S: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

TYPE OF ENTITY: _____

CORPORATION INCORPORATED IN STATE OF _____ DATE INCORPORATED _____

PARTNERSHIP

SOLE PROPRIETOR

1. NAME OF PRINCIPAL: _____

ADDRESS: _____

TELEPHONE: _____

2. NAME OF PRINCIPAL: _____

ADDRESS: _____

TELEPHONE: _____

NAME(S) OF CORPORATE OFFICER(S):

BANK REFERENCE

NAME: _____ ACCOUNT #: _____

ADDRESS: _____

TELEPHONE: _____

BANK OFFICER: _____

CREDIT REFERENCES

1. BUSINESS NAME: _____

TELEPHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT PERSON: _____

2. BUSINESS NAME: _____

TELEPHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT PERSON: _____

3. BUSINESS NAME: _____

TELEPHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT PERSON: _____

OUR CREDIT TERMS ARE TWENTY ONE (21) CALENDAR DAYS FROM DATE SHOWN ON DOMESTIC CONTAINER TRANSPORTATION'S INVOICE. SHOULD THE CREDIT TERMS AND/OR CREDIT LIMIT BE EXCEEDED AT ANY TIME, ALL FURTHER TRANSACTIONS WILL BE ON A CASH BASIS UNLESS FIRST APPROVED BY OUR CREDIT DEPARTMENT.

I HEREBY CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT AND THAT I FULLY UNDERSTAND THE CREDIT TERMS SET FORTH ABOVE. I AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT. I ALSO AGREE TO REIMBURSE DOMESTIC CONTAINER TRANSPORTATION FOR ANY LEGAL AND/OR COLLECTION FEES AND EXPENSES REASONABLY INCURRED IN ORDER TO ENFORCE THIS AGREEMENT.

SIGNATURE OF OFFICER: _____

NAME: _____

DATE: _____

TITLE: _____

BANK CONFIRMATION FORM

DATE: _____

BANK NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

ATTENTION: _____ (ACCOUNT OFFICER)

Dear Sir/Madam:

You are hereby authorized and requested to release credit information on the following account(s) to Domestic Container Transportation for their confidential use in determining our credit worthiness:

Account Name: _____

Account Number: _____

Account Name: _____

Account Number: _____

Authorized Signature: _____

Signature of Officer: _____

Name: _____

Title: _____