

# DOT- LINE TRANSPORTATION

PO Box 8739, Fountain Valley, CA 92728-8739

## CUSTOMER CREDIT APPLICATION

CUSTOMER NAME: \_\_\_\_\_ d/b/a: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ YEARS N BUSINESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

TAX ID #: \_\_\_\_\_ FAX: \_\_\_\_\_ SHIPPER \_\_\_ CONSIGNEE \_\_\_ OR BOTH \_\_\_

**DUN & BRADSTREET #** \_\_\_\_\_

### **BANK REFERENCES**

BANK NAME: \_\_\_\_\_ BANK ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ BANK CONTACT: \_\_\_\_\_

NAME OF PRINCIPALS: \_\_\_\_\_ SS #: \_\_\_\_\_

NAME OF PRINCIPALS: \_\_\_\_\_ SS #: \_\_\_\_\_

**TYPE OF ENTITY: CORPORATION \_\_\_ PARTNERSHIP \_\_\_ SOLE PROPRIETORSHIP \_\_\_**

### **TRADE REFERENCES**

<b>COMPANY</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>HOW LONG?</b>
_____	_____	_____	_____
_____	_____	_____	_____

### **TRANSPORTATION REFERENCES**

_____	_____	_____	_____
_____	_____	_____	_____

Dot-Line credit terms are net 30 days. Over 30 days subject to a 1 ½ percent late charge per month. Our credit data is reported to TRW Business Credit Services and Dun & Bradstreet. Customer hereby authorizes Dot-Line Transportation to contact the above listed references and banking institutions for the purpose of obtaining credit information.

By applying for credit with Dot-Line, Customer acknowledges and agrees to all the rules, terms and conditions contained in the Dot-Line Transportation Governing Rules DOLR 100 Tariff (Governing Rules Tariff), including but not limited to all terms limiting Dot-Line's liability for loss or damage to goods, and all limitations on the time for filing claims with Dot-Line. All terms and conditions of the Governing Rules Tariff are expressly incorporated herein, and Dot-Line's extension of credit to Customer is expressly conditioned upon Customer's agreement to these rules, terms and conditions. The Governing Rules Tariff is available free of charge upon request to Dot-Line Transportation.

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

\*\* PLEASE FAX TO (714) 751-7992 OR MAIL TO "ATTN: CREDIT DEPT." \*\*