



DWalk

LOGISTICS

MOVING FREIGHT THE RIGHT WAY

CREDIT APPLICATION

Company Name:

Billing Address:

Phone:

Fax Number:

Accounts Payable Contact:

Phone: _____

Bank Reference:

Bank Officer:

Phone: _____

Credit References:

1.)

Contact: _____

2.)

Contact: _____

3.)

Contact: _____

The above information is requested to set up a credit account for your company. This information will be verified before credit can be extended to your company. The terms are net 30 days. Please call Amanda (888) 553-9255 x102, if you have any questions.