

DHL EXPRESS USA Credit Application

Please return the completed application to your DHL Sales Representative for processing and credit status

Customer	Legal Business Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ Corporate Officer or Principal: _____ Address: _____ Years in Business: _____ Line of Business: _____ BIN #: _____ Corporation: _____ Partnership: _____ Proprietorship: _____ Tax ID: _____
Other DHL Accounts	Same Day #: _____ Global Forwarding #: _____
Customer Contact Information	Name: _____ Title: _____ Phone: _____ Fax: _____ Email: _____
Invoicing Information	Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____
Accounts Payable Contact Information	Name: _____ Email: _____
Credit References <i>You may also attach a separate list of trade references</i>	Name: _____ Address: _____ Phone: _____ Fax: _____ Name: _____ Address: _____ Phone: _____ Fax: _____ Name: _____ Address: _____ Phone: _____ Fax: _____
Estimated Spend With DHL Per Month	\$ Per Month: _____ Credit Limit Requested (\$): _____

Notice: The equal opportunity act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age, (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith, exercised any right under the Consumer Credit Protection Act.

To the best of my knowledge, the above statements are true. My signature below (A) indicates my permission to obtain credit information from the resources referenced, and (B) attests financial responsibility and willingness to pay invoices in accordance with terms. **CREDIT TERMS ARE NET 15 DAYS UNLESS SPECIFIED IN WRITTEN CONTRACT AGREEMENT.**


SIGNATURE

TITLE

DATE

