

D.T. Chicagoland Express, Inc., D.B.A.



CREDIT APPLICATION

Applicant: _____

Physical Address: _____

Send Invoice To: _____

Phone # _____ Fax # _____ Corporation: _____ Yes _____ No

Tax ID# _____ Type of business: _____

DUNS # _____ ReSeller # _____

Annual Sales: _____ Sole Proprietor Name: _____

Home Phone # _____ Home Address: _____

BANKING REFERENCES

Bank Name: _____ Phone # _____ Fax # _____

Address: _____

Checking Account # _____ Contact Name: _____

TRADE REFERENCES

Name: _____ Phone # _____ Fax # _____

Address: _____

Account # _____ Contact: _____

Name: _____ Phone # _____ Fax # _____

Address: _____

Account # _____ Contact: _____

Name: _____ Phone # _____ Fax # _____

Address: _____

Account # _____ Contact: _____

Applicant authorizes CXI Trucking to contact any of the references given, including its bank(s) to verify its credit standing. Applicant agrees to pay any collection costs incurred to collect amounts due, including attorney's fees. The undersigned, as an inducement to grant credit warrants that the information submitted is true and correct:

AUTHORIZED SIGNATURE AND TITLE: _____ **DATE:** _____