Return form to: **Fax: 406-829-4509**

DSV Road Transport, Inc. -Credit Department road.mso.billing@us.dsv.com
3665 W. Broadway, PO Box 16050
Missoula, MT 59808-6050
(800) 548-9276; 406-728-2600

Name of Terminal/Agent requesting credit: _____

* * * CREDIT APPLICATION * * *		
-- CUSTOMER INFORMATION -		Phone #:( )
Email address:		Fax # : ( )
Company name:		Contact Name:
Mailing Address:		
Physical Address:		
City:	State:	Zip:
President/Owner:	Years in Business:	# of Employees:
Federal ID #:	D & B Rating:	Type of Business:

*** BILLING INFORMATION ***		
Bill to Name:	Bill to Phone #:	Bill to Contact Person:
Bill to Address (if different from above)		

*** PAPERWORK **REQUIRED** FOR **BILLING** ***
Please indicate what paperwork you require (if any) for billing:

*** **Bank Reference** ***		
Name of Bank:	City: State:	Zip:
Account #:	Contact Person & Phone #:	

*** Credit References ***					
Carrier Ref # 1:			Carrier Ref #2:		
City:	State	Zip	City:	State	Zip
Contact Person & Phone #:			Contact Person & Phone #:		
Trade OR Carrier Ref # 3:			Trade OR Carrier Ref #4:		
City:	State	Zip	City:	State	Zip
Contact Person & Phone #:			Contact Person & Phone #:		

CERTIFICATION

I/We certify the above information is true and accurate. Upon agreement by DSV Road Transport Inc. to extend credit to the entity named above, we agree to remit freight bill charges within 20 days of receipt of DSV Road Transport Inc. freight bill.

Date Signature of authorized Company Official

The customer named above agrees to allow DSV Road Transport Inc. to provide credit payment information to creditors requesting information.