



# Credit Application

**Carrier Terms Net 10 Days**

Corporate Office  
P.O. Box 910550  
St. George, UT 84791  
Phone (435) 673-1886

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Type of business: \_\_\_\_\_

Principle owner or partners: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Branch: \_\_\_\_\_

Phone \_\_\_\_\_

**References - List credit references below:**

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

**Billing Instructions**

**Email Invoices to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Document Images:**

- Bill of Lading       Both BOL & POD       EDI (please contact edi@datstrucking.com)
- Delivery Receipt       Statement       Other \_\_\_\_\_

Day of the week payments are made: \_\_\_\_\_

**Please remit payment to: DATS Trucking, Inc.**  
P.O. Box 910550  
St. George, UT 84791-0550