



Diamond Global Logistics, Inc.

Sales Rep _____

COMPANY INFORMATION

Check one: Corporation Limited Liability Company Proprietorship Other

Applicant Exact Legal Name of Business:

Physical Address of Business:

City: State: Zip:

Billing Address:

City: State: Zip:

Accounts Payable Contact Person Name: Accounts Payable Email:

Accounts Payable Phone Number: Fax Number:

Date Business Began: Line of Business:

Parent Company (if applicable):

Street Address:

City: State: Zip:

Authorized Signatory (The authorized signatory agrees that you have the powers to commit your organization to a binding agreement):

Primary Shipping Needs (Check one) LTL Truckload Credit Required:

THE ABOVE INFORMATION is for the purpose of obtaining credit. I/we hereby authorize the company to whom this application is made to investigate the references pertaining to my/our credit and financial responsibility. THE AUTHORIZED SIGNATORY SIGNING THIS APPLICATION ON BEHALF OF ITS COMPANY CONSENTS AND BINDS ITS COMPANY TO THE TERMS AND FOUND at diamondgloballogistics.taicloud.net.

Authorized Signatory: Title:

Print signature name: Date: