

# **DOMESTIC FREIGHTWAYS, INC.**

1265 Sunrise Highway  
Suite 110  
Bay Shore, NY 11706

Phone: 631-968-0700  
Fax: 631-968-2700

## **CONFIDENTIAL CREDIT APPLICATION**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_ D&B: \_\_\_\_\_

BUSINESS TYPE:  SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION

IF CORPORATION, STATE OF \_\_\_\_\_ NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_

NAME OF PRINCIPAL(S): \_\_\_\_\_

BANK NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

TRADE REFERENCES: (COMPANY NAME, CONTACT, ADDRESS, PHONE #)

1. \_\_\_\_\_

2. \_\_\_\_\_

THE INFORMATION PROVIDED IS FOR THE PURPOSE OF OBTAINING CREDIT WITH DOMESTIC FREIGHTWAYS, INC. I CERTIFY THAT ALL INFORMATION PROVIDED IS CORRECT. I UNDERSTAND YOUR CREDIT TERMS ARE 15 DAYS AND AGREE TO COMPLY WITH THOSE TERMS. IF I EXCEED THOSE TERMS I UNDERSTAND THAT MY DISCOUNTED RATE MAY NO LONGER APPLY. SECTION 217(B) OF THE INTERSTATE COMMERCE ACT [49 U.S.C 317(B)] STATES THAT PAYMENT OF FREIGHT CHARGES MAY NOT BE POSTPONED DUE TO ALLEGED LOSS OR DAMAGE. THESE CHARGES MUST BE PAID IN FULL PRIOR TO A CLAIM FORM BEING FILED WITH CARRIER. MY SUBMISSION OF THIS FORM AUTHORIZES THAT I AGREE TO THESE TERMS AND AUTHORIZES THE RELEASE OF ANY INFORMATION NECESSARY TO OPEN AN ACCOUNT.

SIGNATURE OF PRINCIPAL/OFFICER: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TO SET UP YOUR ONLINE TRACKING ACCOUNT: (Remember that it will be case sensitive)

USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

If a username is already being used by another account, we will contact you for a secondary username.