



**Corporate Office**  
 405 114<sup>th</sup> Ave. SE, 3<sup>rd</sup> Floor  
 Bellevue, WA 98004

**Credit Office**  
 2409 Dearborn, Suite L  
 Missoula, MT 59801

**CREDIT APPLICATION & AGREEMENT**

**BILLING ADDRESS**

Company Name			
Street Address			
City, State, Zip			
Telephone		Fax	
Email (Required for invoices & statements)			

**PHYSICAL ADDRESS**

Company Name			
Street Address			
City, State, Zip			
Telephone		Fax	
Email			

**GENERAL INFORMATION**

Federal Tax ID#		If incorporated, specify state and date of incorporation	
Type of Business	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (please specify)		
President/Owner		Controller	
AP Contact		AP Email	
Has ownership changed in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of years in business	

**TERMS & CONDITIONS**

On behalf of the applicant(s): I/we agree(s) that application for credit and payment for services will subject to the following:

- Customer agrees that all amounts due are payable Net 15 days from the date of invoice.
- In the event the account becomes delinquent and is turned over for collection, Customer agrees to pay all costs of collection including reasonable attorney fees and court costs.
- Customer authorizes the Company Radiant Logistics/Profiles International to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.
- Customer Acknowledges Receipt of the Company's Governing Terms and Conditions of Service herewith- Also available at [www.dbaco.com/terms](http://www.dbaco.com/terms)

**By signing below Applicant agrees information on this form is correct and agrees to be bound by the terms and conditions above.**

Bank name			
Bank branch			
Bank contact		Phone	
Fax		Email	
Phone number		Account number	
Line of credit account #		Account number	
Authorized signer's name (type or print)			Date
Authorized signer's title (required)			
Authorized signers telephone (required)			
Authorized signers email (required)			
Authorized signature (required)			

**\*\*\*NOTE: Shipments via air are subject to inspection\*\*\***

Distribution By Air servicing station (applicant or station MUST complete otherwise application will be denied)	
Distribution By Air sales rep	
Account number (to be completed by corporate)	

Return completed application via the following methods:  
 1. By faxing to (425) 943-4586 ATTN: Cust. Credit Mgmt  
 2. By scanning and emailing to [custcreditmgmt@dbaco.com](mailto:custcreditmgmt@dbaco.com)