

# Direct Air Service, Inc.

1 Slater Drive, Elizabeth, New Jersey 07206  
(973) 242-8223 (973) 242-8205 (fax)

## CREDIT APPLICATION

### Customer Information

Date: \_\_\_\_\_

Duns#: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Year Established: \_\_\_\_\_ Corp. \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_

Tax/Fed ID#: \_\_\_\_\_ Social Security#: \_\_\_\_\_

### Type of Business

Freight Forwarder     Commercial     Broker     Distributor     LLC

### President / Partners Name

Company President Name: \_\_\_\_\_ Email \_\_\_\_\_

Controller Name: \_\_\_\_\_ Email \_\_\_\_\_

### Operations Department Information

Daytime: Operations Manager Name \_\_\_\_\_

Nighttime: Operations Manager Name \_\_\_\_\_

Operations Phone# \_\_\_\_\_ Operations Fax# \_\_\_\_\_

Operations Hrs. \_\_\_\_\_

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**BANK INFORMATION**

This application will also serve as an authorization to release a reference from your bank to Direct Air Service, Inc. and any creditors who may need an authorization from you, the customer. The information contained herein is confidential and is only supplied to the company for which you are applying for credit. This also authorizes companies to FAX/EMAIL back reply to us.

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

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ **Fax** \_\_\_\_\_

Line of Credit Account # \_\_\_\_\_

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

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

**Officer with Bank Authority Signature Name**

Company Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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Company Name \_\_\_\_\_

**Credit References (Transportation Companies Only)**

**Forward Air Account #** \_\_\_\_\_

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

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Contact: \_\_\_\_\_

**Account Payable Information**

Financial Officer Name/Title: \_\_\_\_\_

Additional company names, affiliates or division that may use this account: \_\_\_\_\_

Are your invoices paid in house or by outside service? In House \_\_\_\_\_ Outside service \_\_\_\_\_

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

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Contact: \_\_\_\_\_

E-mail \_\_\_\_\_

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**TERMS AND CONDITIONS**

The applicant(s) executing this Application and Agreement (collectively referred to hereafter as the "Customer") hereby agree(s) that payment for all services is subject to the following terms and conditions:

1. Customer agrees that all amounts due for services provided by Direct Air Service, Inc. and/or any of its affiliates, (collectively referred to hereafter as the "Company") are payable at 1 Slater Drive, Elizabeth, NJ 07206.
2. Customer agrees that all amounts due are not payable in installments, but are payable **Net 30 days** from the date of invoice, or according to the terms specified when a credit approval letter is issued. The Company reserves the right to demand payment of all outstanding and past due freight charges as a pre-condition for releasing any shipment(s) at destination. This right includes the right to demand payment upon delivery of any shipment(s) at any time. If any amount is not paid within said period a delinquency charge of 1.5% per month of the delinquent balance shall be added to the sum due.
3. In the event that your account becomes **45 days** delinquent, the Customer authorizes the Company to process late payments using the credit card provided on file.
4. In the event the Account becomes delinquent and is turned over for collections, Customer agrees to pay all costs of collection including reasonable attorney fees and court costs.
5. Customer agrees that any claim or lawsuit relating to collection of charges for the services provided by the Company shall be filed in an appropriated Federal or State court of Essex County and Customer consents to the exclusive and binding jurisdiction of said court.
6. Customer agrees to notify the Company by certified mail of any changes in the ownership of Customer and further agree to be liable for all losses incurred as a result of failure to comply with said notifications.
7. Customer authorizes the Company and/or its Credit Agency(s) to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.

Company Names \_\_\_\_\_

Officer, Owner or Partner Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

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**PERSONAL GUARANTEE**

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness of \_\_\_\_\_ incurred for service provided by Direct Air Service, Inc. This personal guarantee shall remain in force until its revocation is acknowledged in writing by Direct Air Service, Inc. Revocation shall not affect indebtedness incurred prior to receipt of written notice.

Owner or Partner Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_ Social Security # \_ \_ / \_ \_ / \_ \_ \_ \_

**CREDIT CARD AUTHORIZATION FORM**

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**Billing Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Credit Card Type**

AMEX       VISA       MASTERCARD       DISCOVER

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_      CSC# \_\_\_\_\_

**APPLICATION MUST BE FILLED IN COMPLETELY OR THE APPLICATION WILL NOT BE PROCESSED**