



Authorized Agent For:



DART ADVANTAGE LOGISTICS™
PO BOX 64746, ST PAUL, MN 55164

APPLICATION FOR CREDIT
(Please print or type)

COMPANY NAME
BILLING ADDRESS
CITY STATE ZIP
TELEPHONE FAX
DATE ESTABLISHED # OF EMPLOYEES

TRADE NAME (DBA/KA)
PHYSICAL ADDRESS
CITY STATE ZIP
TELEPHONE FAX
YEARS AT LOCATION [] OWN [] RENT LANDLORD
[] CORPORATION SUBSIDIARY OF
[] PARTNERSHIP DIVISION OF
[] INDIVIDUAL BRANCH OF

D&B NO. (DUNS) FISCAL YEAR END
FEDERAL ID# ANTICIPATED ANNUAL SALES
OFFICER CONTACT NAME
A/P CONTACT TELEPHONE
EMAIL

IF PARTNERSHIP OR INDIVIDUAL
NAME SOCIAL SECURITY#
HOME ADDRESS
CITY STATE ZIP

NAME SOCIAL SECURITY#
HOME ADDRESS
CITY STATE ZIP

REFERENCES: BANK & PRIMARY SUPPLIERS
(No 800 numbers, Please)

NAME ACCOUNT NUMBER
BILLING ADDRESS
CITY STATE ZIP
CONTACT
TELEPHONE FAX

NAME ACCOUNT NUMBER
BILLING ADDRESS
CITY STATE ZIP
CONTACT
TELEPHONE FAX



Authorized Agent For:



DART ADVANTAGE LOGISTICS™
PO BOX 64746, ST PAUL, MN 55164

REFERENCES: BANK & PRIMARY SUPPLIERS (cont.)
(No 800 numbers, Please)

NAME _____ ACCOUNT NUMBER _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT _____

TELEPHONE _____ FAX _____

NAME _____ ACCOUNT NUMBER _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT _____

TELEPHONE _____ FAX _____

I HEREBY AUTHORIZE THE BANK OR OTHER REFERENCED ENTITIES NAMED HEREIN TO RELEASE INFORMATION REQUESTED FOR THE PURPOSE OF OBTAINING AND /OR REVIEWING MY COMPANY'S CREDIT FROM TIME-TO-TIME.

DATE _____ AUTHORIZED SIGNATURE _____

PAYMENT TERMS Net 30 from Invoice Date

ACH PAYMENT Dart's preferred method of receiving payment – Complete attached ACH form

LATE PAYMENT SERVICE CHARGES An amount of 1.5% of the unpaid balance of all invoices paid after terms, referred to above, will be assessed as late payment service charges.

COLLECTION AND LEGAL COSTS By signing this Credit Application, applicant agrees that should collection or legal action become necessary to obtain payment for credit purchases, all costs of collection, including but not limited to collection agency fees, filing fees, any other collection costs and including as allowed by law, attorney or other legal fees, court costs and expenses, will be paid by applicant.

The undersigned certifies the above information to be accurate and correct, that it is submitted for the purpose of obtaining extension of credit, and agrees to all of the terms and conditions of sale as stated within this Credit Application. The undersigned also agrees that all issues and disputes relating to any credit arrangement extended hereunder shall be governed in accordance with the laws of State of Minnesota and that Applicant expressly agrees to submit any such issues and disputes solely to the jurisdiction and in the venue of the courts of Dakota County in the state of Minnesota.

AUTHORIZED SIGNATURE _____

TITLE _____

PRINTED NAME _____

COMPANY NAME _____

DATE _____

PLEASE RETURN COMPLETED APPLICATION TO FAX# (972) 578-7678