



Global Net Logistics, LLC
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www.gnltransportation.com

Email Completed Credit Application to gnlcredit@gnltransportation.com

CREDIT APPLICATION

BUSINESS AND CREDIT INFORMATION

Business Name:		
Address:		
City:	State:	ZIP Code:
Email:	Phone:	Fax:
Invoice Address:		Invoice Contact Name:
City:	State:	ZIP Code:
Email:	Phone:	Fax:
Invoicing Requirements:		
Corporate Address:		
City:	State:	ZIP Code:
Email:	Phone:	Fax:
Date Established?		
Type of Business:	Date Established:	
MC/FF#:	Duns #:	Credit Limit Requested:
Principals Name (2 officers/partners)		Principles Title

BANK INFORMATION

Bank name:		
Bank address:		Phone:
City:	State:	ZIP Code:
Type of account:	Account number:	
Savings		
Checking		
Other		

BUSINESS/TRADE REFERENCES

List 3 Vendor Credit References (Trucking Companies Preferred)

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Global Net Logistics to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date: