



CREDIT REQUEST FORM

		DM Bowman Employee Requesting Credit		
Name of Company:		_		
Contact Name:		E-	-Mail Address:	
Address of Headquarters:		DII A.11		
City, State Zip:				
Local Phone Number:				
Fax Number:		_		
Type(s) of Business D.M. Bowman is to	provide (check all that apply):			
Trucking/Transportation	Building Rental			
Warehousing	Land Rental			
Maintenance	Retail Fuel			
Volume of Business Expected (Loads or Special Billing Requirements:	dollar volume per week, month o	r year):		
Please provide at least 3 References incl	uding phone & fax numbers:			
Name & Contact		Phone No.	Fax No.	
Name & Contact		Phone No.	Fax No.	
Name & Contact		Phone No.	Fax No.	
Name & Contact		Phone No.	Fax No.	
			Internal Use Only	
Customer Signature:		_	Credit Approved	
Customer Name (Print):		_	Signed Contract/Agreement	
Date:			Account Code Assigned	