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CUSTOMER CREDIT APPLICATION

CUSTOMER INFORMATION

D&B Rating _____ D&B#: _____

Company Name: _____

Street Address: _____ City: _____ St: _____

Zip Code: _____ Phone #: _____ Toll Free #: _____

Fax #: _____ Billing Address(if different from above) _____

Corporation Y or N Partnership Y or N Sole Prop Y or N

Federal I.D.: _____ Date Business started: _____ # of Employees _____

Type of Business: _____

Monthly Credit Line Requested: _____ Principle Contact: _____

Reference Information – Bank & Trade References

Bank Reference:

Principle Commercial Bank Name _____ Account Number _____

Address _____ City _____ St _____ Zip _____

Name/Title of Bank Offer to Contact _____ Phone Number _____ Fax Number _____

Trade References:

Company Name _____ Account Number _____

Address _____ City _____ St _____ Zip _____

Contact _____ Phone Number _____ Fax Number _____

Company Name _____ Account Number _____

Address _____ City _____ St _____ Zip _____

The applicant hereby authorizes Gulf Coast Delivery Services to investigate all references stated above.

Customer Signature: _____ Printed _____

Dated: _____