

Diamond Line Delivery Credit Application

MAIL:
Diamond Line Delivery
Attn: AR Department
PO BOX 938
Meridian, ID 83680

FAX:
208.888.7129
Attn:Credit/Collection

EMAIL:
adminoffice@diamonddelivery.com

Call with Questions
866.933.8733 Ext.2606 or Ext. 2612

Company Information

Federal ID: _____ **State of Incorp.:** _____ **Business Name:** _____

Address: _____ **City/State:** _____ **Zip Code:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Type of Business: _____ **Officer's Name:** _____ **Officer's Title:** _____

Have you ever filed bankruptcy, if so when? _____ **Years in Business:** _____ **Credit Limit Req:** _____

Billing Information

Name: _____ **Contact Name:** _____ **Address:** _____

City/State: _____ **Zip Code:** _____ **Invoicing Email:** _____

A/P Phone: _____ **A/P Fax:** _____ **A/P Email:** _____

Provide Bill of Loading with Invoice? _____ **Provide Delivery Receipt with Invoice?** _____

Credit Reference 1

Name: _____ **Address:** _____ **City/State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Credit Reference 2

Name: _____ **Address:** _____ **City/State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Credit Reference 3

Name: _____ **Address:** _____ **City/State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Banking Information

Name: _____ **Address:** _____ **City/State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Note: Terms are net 15. All accounts 45 days will be re-billed at class rates with no discount in accordance with the DLDS500

Printed name of person filling out this form: _____ **Title:** _____

Signature: _____ **Date:** _____