

**CREDIT
APPLICATION
FOR FREIGHT**



**AND OTHER
TARIFF
CHARGES**

Thank you for applying for credit with Superior Service Transport, Inc. Please complete this application, sign and then e-mail, mail or fax the completed application to the attention of the Credit Department. Include any supporting information sheet you may have. We will process your application within 2-3 days. When credit is approved, we will bill according to your instructions and would appreciate payment within the Superior Service Transport credit period of fifteen days from the bill date. **We look forward to serving you.**

Company Name:		Date of Application:	
Street Address:		PO Box:	
City:		State:	Zip:
Fed ID#:	Phone:	FAX:	
Bill to Address:			
Street Address:		PO Box:	
City:		State:	Zip:
Contact:	Phone:	e-mail:	
If Branch, Home Office Address:			
Street Address:		PO Box:	
City:		State:	Zip:
Additional Pick-Up/Delivery Address			
Street Address:		PO Box:	
City:		State:	Zip:
Nature of Business:	# Employees:	Years in Business:	
Have you had previous credit with Superior Service Transport under another name? <input type="checkbox"/> Yes, <input type="checkbox"/> No If Yes, name of company:			
References:			
Name:		Phone:	
Address:			
City:		State:	Zip:
Name:		Phone:	
Address:			
City:		State:	Zip:
Name:		Phone:	
Address:			
City:		State:	Zip:
On behalf of the company, I authorize the release of any information pertaining to our credit history from the above named references.			
Printed Name:		Title:	
Applicant Signature:		Signature Date:	
FOR SST CREDIT DEPARTMENT USE ONLY			
Approved Date	Acct #	Credit Limit: \$	