**CREDIT**

#### AND OTHER

#### TARIFF CHARGES

**APPLICATION**

### FOR FREIGHT

**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?  Yes,  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: $ |