**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: |

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| --- |
| 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: $ |