

**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:	
Name:		Address:	
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: \$