



Credit Application

Customer Profile

Company Legal Name _____

Address _____ City/State/Zip _____

Website Address _____ Phone _____ Fax _____

Corporation _____ Partnership _____ Proprietorship _____ State _____ Tax ID# _____

Billing Address (if different) _____ City/State/Zip _____

Accounts Payable Contact _____ Email Address _____

Accounts Payable Phone _____ Fax _____

Has the company or any controlling stockholder/ partner filed bankruptcy _____

If yes, under what name _____ Court location _____ Date _____

Number of years in business _____ Dunn & Bradstreet Number _____

References (within transportation service industry)

1. _____ Contact/Title _____

Phone _____ Fax _____

2. _____ Contact/Title _____

Phone _____ Fax _____

3. _____ Contact/Title _____

Phone _____ Fax _____

Bank Name _____ Contact/Title _____

Phone _____ Fax _____

Account # _____ Type of Account _____

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The undersigned certifies that they are authorized to bind the company and that all information provided is true and accurate. Superior Transport Group is hereby authorized to investigate any references, statements, data pertaining to credit or other financial liability. I authorize that payments will be made per terms of net 15 days from the date of invoice. Signature below also acknowledges acceptance of the Superior Transport terms and conditions which are reflected on the STG website at www.superiorstg.com which supersedes all previous versions.

Date _____ Signature _____ Printed Name _____ Title _____

Please return copy to acctsrec@superiorstg.com or fax to 281-975-2447.

Thank you for choosing Superior Transport Group

FOR STG INTERNAL USE

Date Account Opened _____ Credit Amount Issued _____ Account # _____