



CREDIT APPLICATION

Company Name: _____
Mailing Address: _____
Physical Address: _____
Phone Number: _____ Fax Number: _____
Federal ID #: _____ Years in Business: _____
Website: _____
Method of Payment: _____ CC to keep on file: _____

Accounts Payable Contact:

Name: _____
Phone # _____
Email: _____

Accounts Payable Manager: _____

Controller / Chief Financial Officer: _____

Names of Principals and their titles (i.e., President, Vice President, Secretary, etc.)

1. _____
2. _____
3. _____

Credit Reference #1

Name: _____
Phone: _____
Acct#: _____

Credit Reference #2

Name: _____
Phone: _____
Acct#: _____

Credit Reference #3

Name: _____
Phone: _____
Acct#: _____

Credit Reference #4

Name: _____
Phone: _____
Acct#: _____

By my signature below, I hereby affirm that I am duly authorized to sign this application for credit on behalf of Company, and that if approved I understand that Saturn Freight Systems, Inc. requires payment no later than 30 days from date of invoice. I also acknowledge and agree to be bound by Saturn Freight Systems, Inc.'s Terms & Conditions, including collection efforts found at www.saturnfreight.com which may be updated from time to time.

Authorized Signature

Title

Date