



CREDIT APPLICATION

Company Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ Fax Number: _____

Accounts Payable Manager: _____

Controller/Chief Financial Officer: _____

Email Address: _____ Federal ID # _____

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 # _____

Bank Reference # 1

Name: _____

Phone: _____

Acct # _____

Bank Reference # 2

Name: _____

Phone: _____

Acct # _____

By my signature below, I hereby affirm that I am authorized to sign this application for credit, and that if approved I understand Saturn Freight Systems, Inc.'s terms are 30 days from date of invoice. I also understand and agree that should this account become past due (beyond the 30 day terms), Saturn Freight Systems, Inc. may elect alternative collection methods in an effort to collect any unpaid amounts.

Authorized Signature

Title

Date

GENERAL OFFICES

P.O. BOX 680308 MARIETTA, GA 30068 • (770) 952-3490 • FAX (770) 693-5749
TOLL FREE (866) 849-5575 • www.saturnfreight.com