



# SATURN FREIGHT SYSTEMS

## CREDIT APPLICATION

COMPANY NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTROLLER/ CHIEF FINANCIAL OFFICER: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FEDERAL TAX ID #: \_\_\_\_\_

DUN & BRADSTREET #: \_\_\_\_\_

**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 30 day terms), Saturn Freight Systems, Inc. may elect alternative collection methods in an effort to collect any unpaid amounts.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title