



Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Website: \_\_\_\_\_

Method of Payment: \_\_\_\_\_ CC to keep on file: \_\_\_\_\_

(for security purposes only)

Accounts Payable Contact:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

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 # \_\_\_\_\_

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 that 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

Corporate Office  
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