

Application for Credit

SuperVan Service Company, Inc.

121 Bremen Ave.

St. Louis, MO 63147

Phone: 314-231-8444 Fax: 314-436-3803

FROM: _____ Tel # _____
Correct Legal Name of Applicant FAX # _____

1. Applicant is a: Corporation Partnership Sole Proprietor (circle one)
A. If Corporation, it is incorporated in the state of _____
B. If Partnership or Sole Proprietor, the name, home address and social security number of the owners are:
Name Home Address SS Number
1. _____
2. _____
3. _____
2. Applicant also operates the names of: _____

3. The firm operates at the following locations: Tel # _____
Address _____

4. The main office is located at: _____

5. The billing location is: _____

6. Name of accounts payable person is: _____

7. The individual(s) who have authority to sign checks are: _____

8. The date the firm began business: _____

9. The bank reference is (name): _____
Location: _____
(ACT#): _____
10. The name, address and phone of the 4 creditors (include 2 motor carriers who grant the highest line of credit).
Name Address Phone Number
1. _____
2. _____
3. _____
4. _____
11. Estimated weekly credit needed from us \$ _____

To the best of my knowledge, I warrant that no owner (If a Partnership or Sole Proprietor) and no officer (If a Corporation) has been the subject of a personal bankruptcy in the last 10 years and that the firm is not currently in any bankruptcy. It is agreed that freight charges are due and payable in 15 days. Permission is hereby granted to discuss with the bank and creditors shown on this application. It is understood that company policy of the supplier requires that an update of the application be provided every 12 months by the applicant and that all other information contained herein is held in strictest confidence.

Date Name of applicant firm Signature of authorized person, title