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 strictest confidence.

_____ _____ _____
Date Name of applicant firm Signature of authorized person, title