

Star Transportation, Inc.

P.O. Box 100925 · Nashville, Tennessee 37224 · 615-256-4336 · 800-333-3060

Confidential Credit Application for Transportation and Related Charges

Legal Business Name: _____ Sole Proprietorship: _____ Partnership: _____
Address: _____ Corporation: Private: _____ Public: _____ Other: _____
Billing Address (if different): _____ Bankruptcy: Y/N: _____ Date: _____ Chapter: _____
City, State, Zip: _____ Phone: _____
Subsidiary or Division of _____ Fax: _____
Parent or Home Office Address: _____ Date Established: _____
Type of Business: _____ Number of Employees: _____
Annual Revenues: _____ Financial Officer/Controller: _____
Annual Income: _____ Net Worth: _____ Federal ID #: _____
President/Principal: _____ Estimated Monthly Credit Requirement: _____
Accounts Payable Manager: _____ A/P Phone: _____
Website: _____ Dun & Bradstreet #: _____ SIC Code #: _____

TRADE REFERENCES (Please include at least 2 motor carriers)

1. Name: _____ Phone: _____
Address: _____ Contact: _____
2. Name: _____ Phone: _____
Address: _____ Contact: _____
3. Name: _____ Phone: _____
Address: _____ Contact: _____
4. Name: _____ Phone: _____
Address: _____ Contact: _____

CURRENT FINANCIAL INFORMATION

Financial statements will be of great assistance to us in establishing a credit limit for you. Star Transportation's request for a copy of your most recent financial statement is hereby:
Complied with _____ Refused _____

TRANSPORTATION ORGANIZATIONS ONLY

Your company is a: Motor Carrier _____ Broker: _____ Other: _____
MC #: _____
Please forward operating authority, surety bond, and insurance.

BANKING INFORMATION

Bank Name: _____ Phone: _____
Address: _____
Bank Office: _____ Account #: _____

On behalf of the company, I certify that we are familiar with and agree to abide by the Interstate Commerce Act, and Recodifications thereof, pertaining to the payment of transportation and related charges. I hereby grant permission to the above referenced bank and credit references to release pertinent information regarding our accounts to Star Transportation, Inc. Furthermore, my signature attests to the financial responsibility, ability, and willingness to pay all transportation and related charges within 15 days of the date invoiced.

NAME

TITLE

DATE

PLEASE FAX TO: 615-251-1604 OR EMAIL TO: credit@startransportation.com