

# 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](mailto:credit@startransportation.com)**