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Palmetto State Transportation, LLC	CUSTOMER COMMUNICATION		
	Location: Greenville	Originator: Susan N. Copeland Approval: Barry Martin	Revision: H Effective: 07/20/16
Title: CREDIT APPLICATION	FORM070		

CREDIT APPLICATION

COMPANY NAME: _____

COMPLETE BILLING ADDRESS: _____

COMPLETE PHYSICAL ADDRESS: _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

OPERATIONAL CONTACTS: _____

Accts. Payable Contact: _____ **Phone Number:** _____

A/P Contact Email: _____

PRESIDENT: _____

HAS OWNERSHIP CHANGED IN THE PAST YEAR: _____ **YEARS IN BUSINESS:** _____

PLEASE LIST FOUR REFERENCES:

1.) **COMPANY NAME:** _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

CONTACT PERSON: _____ **Email:** _____

2.) **COMPANY NAME:** _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

CONTACT PERSON: _____ **Email:** _____

3.) **COMPANY NAME:** _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

CONTACT PERSON: _____ **Email:** _____

4.) **COMPANY NAME:** _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

CONTACT PERSON: _____ **Email:** _____

**PLEASE FAX CREDIT APPLICATION TO (864) 672-3810 FOR IMMEDIATE PROCESSING OR EMAIL
BILLING@PALMETTOSTATETTRANS.COM**