

Superior Tank Inc.

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1-800-TANKERS

BUSINESS NAME:

PHONE NUMBER:

EMAIL ADDRESS:

FAX NUMBER:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

PRODUCTS HAULED:

BUSINESS STRUCTURE:

CORPORATION

PARTNERSHIP

PROPRIETOR

LLC

HAULING AREAS:

LOCAL

REGIONAL

NATIONAL

TAX ID #:

YEAR STARTED:

ANNUAL REVENUES:

OF TRUCKS OWNED/LEASED

OF TRAILERS OWNED/LEASED

BUSINESS OWNER(S):

SOCIAL SECURITY #

HOME PHONE:

PHYSICAL MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

TIME AT ADDRESS: (YRS/MOS)

HOMEOWNER?:

YES

NO

OWNER OPERATOR?:

YES

NO

YEARS EXP:

OWNERSHIP %:

BUSINESS OWNER(S):

SOCIAL SECURITY #

HOME PHONE:

PHYSICAL MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

TIME AT ADDRESS: (YRS/MOS)

HOMEOWNER?:

YES

NO

OWNER OPERATOR?:

YES

NO

YEARS EXP:

OWNERSHIP %:

EQUIPMENT PURCHASE:

YEAR:

MODEL #:

QUANTITY:

TOTAL COST:

CASH/TRADE:

FINANCE AMOUNT:

DELIVERY DATE:

ADDITION?:

YES

REPLACEMENT?:

YES

FINANCING TERM (MOS):

FINANCING STRUCTURE:

LEASE

TRAC

LOAN

DEALER OR SALES REP:

PHONE NUMBER:

BANK REFERENCE:

CONTACT:

ACCOUNT#:

PHONE #:

TRUCK/TRAILER CREDIT REFERENCE:

CONTACT:

ACCOUNT#:

PHONE #:

TRUCK/TRAILER CREDIT REFERENCE:

CONTACT:

ACCOUNT#:

PHONE #:

TRUCK/TRAILER CREDIT REFERENCE:

CONTACT:

ACCOUNT#:

PHONE #:

AUTHORIZATION:

The undersigned has applied to Superior Tank Inc. or its assignee for extension of credit. This will be your authority and my request to release any information concerning personal or business credit standing, which may include but not limited to, personal or business credit histories. Information to be released by telephone or fax.