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Palmetto State Transportation Company, Inc.	CUSTOMER COMMUNICATION		
	Location: Greenville	Originator: Susan N. Copeland Approval: Barry Martin	Revision: F Effective: 08/14/07
Title: CREDIT APPLICATION	FORM070		

CREDIT APPLICATION

COMPANY NAME: _____

COMPLETE BILLING ADDRESS: _____

COMPLETE PHYSICAL ADDRESS: _____

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

OPERATIONAL CONTACTS: _____

PRESIDENT: _____

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

PLEASE LIST FOUR REFERENCES:

1.) **COMPANY NAME:** _____

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

CONTACT PERSON: _____

2.) **COMPANY NAME:** _____

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

CONTACT PERSON: _____

3.) **COMPANY NAME:** _____

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

CONTACT PERSON: _____

4.) **COMPANY NAME:** _____

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

CONTACT PERSON: _____

PLEASE FAX CREDIT APPLICATION TO (864) 672-3810 FOR IMMEDIATE PROCESSING

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