

**CREDIT APPLICATION**  
**(PLEASE TYPE OR PRINT NEATLY)**

Salesman: \_\_\_\_\_  
Approved By: \_\_\_\_\_

**I. BUSINESS INFORMATION**

**Amount of Credit Applied For:** \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Type of  
Business:

\_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

County: \_\_\_\_\_ Employer I.D. #: \_\_\_\_\_ In business since: \_\_\_\_\_

Incorporated ( ) Partnership ( ) Sole Proprietorship ( ) DUNS #:

\_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

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Full name of Principles/Corporate Officers

Position

Residence Address

1. \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

If any of the principles have been with the firm less than three years; provide name, location and position with previous business

\_\_\_\_\_

\_\_\_\_\_

Is the applicant involved in any pending litigation? \_\_\_\_\_ If so, set forth all details concerning these proceedings:

\_\_\_\_\_

\_\_\_\_\_

Has the company been involved with a bankruptcy or insolvency proceedings in the past seven (7) years? \_\_\_\_\_ If so, set forth all details concerning these proceedings: \_\_\_\_\_

\_\_\_\_\_

List any other name or names under which the applicant transact business:

\_\_\_\_\_

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## II JOBSITE INFORMATION

Job Site location: \_\_\_\_\_

Do you do bonded jobs? \_\_\_ Yes \_\_\_ No    Bonding Company \_\_\_\_\_

Bonding Co. Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### ARE YOU SUBJECT TO THE FOLLOWING TAXES:

State Sales Tax    \_\_\_ Yes \_\_\_ No

State Diesel Tax    \_\_\_ Yes \_\_\_ No

Federal Diesel Tax    \_\_\_ Yes \_\_\_ No

Franchise Tax    \_\_\_ Yes \_\_\_ No

### IF NOT taxable you must furnish EXEMPTION FORMS

Price Quoted: ITM \_\_\_\_\_ Tank \_\_\_\_\_

## III. BUSINESS AND BANK REFERENCES

(business references must be relationships of one or more years)

1. \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Doing business with since: \_\_\_\_\_ High Credit: \_\_\_\_\_ Any NSF checks: \_\_\_\_\_

2. \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Doing business with since: \_\_\_\_\_ High Credit: \_\_\_\_\_ Any NSF checks: \_\_\_\_\_

3. \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Doing business with since: \_\_\_\_\_ High Credit: \_\_\_\_\_ Any NSF checks: \_\_\_\_\_

### **BANK:** ( institution where account has been active for at least six months)

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_ Any NSF checks in the last six months? \_\_\_

If so, how many? \_\_\_\_\_ Any stop payments in the last six months? \_\_\_\_\_ If so, how many? \_\_\_\_\_

Have there been any executions upon your account in the last year? \_\_\_\_\_

Officer or Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**BILLING  
INFORMATION**

Who to contact with billing questions: \_\_\_\_\_

Phone number: \_\_\_\_\_ Will a purchase order be used \_\_\_\_\_

Will you be paying by individual invoice or statement \_\_\_\_\_

**CHOOSE METHOD OF BILLING RECEIPT:**

\_\_\_\_\_ FAX (provide fax number including area code) \_\_\_\_\_

\_\_\_\_\_ E-MAIL (provide e-mail address) \_\_\_\_\_

E-mail account holder name: \_\_\_\_\_

- **Note: You will not receive a second copy of the delivery ticket when invoices are faxed or emailed**

**THE ABOVE SECTIONS MUST BE COMPLETED IN THEIR ENTIRETY TO PROCESS YOUR APPLICATION**

**TERMS:** Net amounts due in TWENTY (20) days. Default occurs on the TWENTY FIRST (21) day  
A finance charge of one and one half percent (1.50%) per month will be assessed on any and all amounts past due  
In the event of default requiring collection, the applicant agrees to pay, in addition to the delinquent amount and finance charges thereon, collection and/or attorney fees equal to twenty five percent (25%) of the delinquent amount  
A service charge of \$35.00 will be assessed for each check received which is returned unpaid for any reason  
All deliveries below seventy-five gallons (75) will be assessed a thirty five dollar (\$35.00) minimum gallon delivery charge.

Upon each annual anniversary date of this agreement, Taylor Oil Company and thier subsidiaries reserves the right to automatically increase the prices then in effect by the amount of the increase in the Consumer Price Index for the previous twelve months or five percent (5%) whichever is greater.

I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS AND HAVE PROVIDED TRUE INFORMATION. I FURTHER AUTHORIZE TAYLOR OIL COMPANY TO VERIFY ANY AND ALL REFERENCES, INCLUDING BANK ACCOUNT INFORMATION, TO DETERMINE OUR CREDIT CAPABILITIES AND TO REQUEST INFORMATION FROM CREDIT REPORTING AGENCIES.

APPLICANTS NAME: \_\_\_\_\_

BY: \_\_\_\_\_  
SIGNATURE TITLE DATE

PERSONAL GUARANTEE: I/WE INDIVIDUALLY, JOINTLY AND SEVERALLY PERSONALLY GUARANTEE PAYMENT OF ALL INDEBTEDNESS INCURRED FOR MERCHANDISE AND SERVICES FURNISHED BY TAYLOR OIL COMPANY INCLUDING FINANCE CHARGES AND COLLECTION OR ATTORNEY FEES EQUAL TO 25% OF THE DELINQUENT AMOUNT. IT IS UNDERSTOOD THAT THIS GUARANTEE SHALL BE A CONTINUING GUARANTEE. I/WE DO HEREBY WAIVE NOTICE HEREOF AND CONSENT TO ANY MODIFICATION OR RENEWAL OF THE CREDIT AGREEMENT HEREBY GUARANTEED.

INDIVIDUAL: \_\_\_\_\_  
SIGNATURE SOCIAL SECURITY NUMBER DATE

INDIVIDUAL: \_\_\_\_\_  
SIGNATURE SOCIAL SECURITY NUMBER DATE

**NOTE: THE ABOVE STATEMENT MUST BE SIGNED TO ACCEPT FOR PROCESSING**