



CREDIT APPLICATION
(PLEASE TYPE OR PRINT NEATLY)

Salesman: _____

Approved By: _____

I. BUSINESS INFORMATION

Business Name: _____ Telephone #: _____

Business Address: _____ Zip: _____ Fax #: _____

(city & state) _____ 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: _____

Full name of Principals/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 or any of it's principals 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: _____

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
All invoices paid by credit card will be assessed a three percent (3%) transaction fee
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
A minimum gallon fee of one hundred dollars (\$100.00) will be assessed on all deliveries below one hundred gallons (100) The fee in NYC and Staten Island will be one hundred twenty five dollars (\$125.00)
All deliveries made on weekends and holidays are subject to additional delivery fees.
To assure adequate supply, the applicant does hereby authorize Taylor Oil Co and/or its subsidiaries to make delivery of fuel/lubricants to the applicants place of business/jobsites at times when no employee of the applicant is available to sign for receipt of same and agrees that Taylor's meter ticket, Daily Record of Deliveries and Geotab GPS Tracking shall be considered conclusive proof of amount and delivery.

Upon each annual anniversary date of this agreement, Taylor Oil Company and their 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 AND THEIR SUBSIDIARIES 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 AND THEIR SUBSIDIARIES 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