



**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: \_\_\_\_\_

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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 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.

When Opis pricing does not reflect the cost of fuel in markets, we reserve the right to use cost pricing.

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**