

25 North Council Road
 P.O. Box 82546, Oklahoma City, OK 73148
 Ph: (405) 495.0280 Fax: (405) 495.0563



Credit Application

Name of Business: _____ Date: _____

Type of Business: _____ Please list Company Officers/Partners: _____

Billing Address: _____

City, State, Zip: _____

Street Address: _____

Home Office Location: _____ Phone: _____

A/P Dept Contact: _____ Fax: _____

Federal ID# or SSN#: _____ Cell Phone: _____

<input type="checkbox"/>	Corporate
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Sole Prop.

If corporation, are you willing to execute Personal Guarantees? _____

Is a Purchase Order required? _____

In Business Since: _____ Resale Tax #: _____

Line of Credit Needed: _____ If a line of credit is \$5,000 or greater, include a financial statement.

Bank Name: _____ Address: _____

Officer Handling Account: _____ Account #: _____

Trade References: Do not list fuel supplier, bank or credit cards.

Name: _____ Phone: _____

Address: _____ Fax: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

I understand total is due is due on a net 10th proximo basis and a service charge of 1.5%, 18% annual rate, will be added to any balance not paid by the due date.

Signed: _____ Title: _____

Salesman	Acct #	Credit Limit	D&B Rating	Store #	Tax Code