



**Corporate  
Commercial  
Confidential  
Credit Application**

Date \_\_\_\_\_

|  |   |                         |   |                        |
|--|---|-------------------------|---|------------------------|
| NAME OF CORPORATION    INDIVIDUAL    PARTNERSHIP |   |                         | BUSINESS PHONE                            |                        |
| BILLING ADDRESS                                  |   | CITY                    | STATE                                     | ZIP                    |
| DELIVERY ADDRESS (If Different)                  |   | CITY                    | STATE                                     | ZIP                    |
| PERSON TO CONTACT & TITLE                        |   | DRIVER'S LICENSE NUMBER | YEARS IN BUSINESS UNDER PRESENT OWNERSHIP |                        |
| <b>Principal Owners</b>                          | NAME (First)    MIDDLE INITIAL    LAST    TITLE | SOC. SEC. NUMBER        |   |                        |
|  | HOME ADDRESS                                    |                         |   | DATE OF BIRTH          |
|  | NAME (First)    MIDDLE INITIAL    LAST    TITLE | SOC. SEC. NUMBER        |   |                        |
|  | HOME ADDRESS                                    |                         |   | DATE OF BIRTH          |
| <b>Bank</b>                                      | NAME OF BANK                                    | OFFICER TO CONTACT      | PHONE                                     |                        |
|  | ADDRESS OF BRANCH                               |                         | CHECKING ACCT. NUMBER                     |                        |
| <b>Exemption Numbers</b>                         | FED. I.D. NUMBER                                | STATE I.D. NUMBER       | STATE SALES TAX EXEMPTION NUMBER          |                        |
|  | <b>Misc</b>                                     | TRANSPORTER             | ESTIMATED MONTHLY GALLONS                 | CREDIT LIMIT REQUESTED |
|  | <b>Trade References</b>                         | NAME                    | PERSON TO CONTACT                         | PHONE                  |
| ADDRESS  |   |                         | FAX                                       |                        |
| NAME   |   | PERSON TO CONTACT       | PHONE                                     |                        |
| ADDRESS  |   |                         | FAX                                       |                        |
| NAME   |   | PERSON TO CONTACT       | PHONE                                     |                        |
| ADDRESS  |   |                         | FAX                                       |                        |
| NAME   |   | PERSON TO CONTACT       | PHONE                                     |                        |
| ADDRESS  |   |                         | FAX                                       |                        |

Accounts must be kept current. Terms EFT 10 days from date of invoice with approved credit. Buyer agrees to pay all bills for product sold by seller according to the terms thereof and upon failure to do so, may cause credit to be suspended and a finance charge of 1.5% per month (18% annually), and to pay all costs and fees of collection.

Notify us immediately of any change in ownership or address.

The undersigned hereby represent that all of the information on the credit application is true and that said representations are made for the purpose of obtaining credit from **Garrow Oil Corp.** The undersigned hereby agrees to all of the above terms and conditions.

I acknowledge that my signature hereon authorizes the above named financial institutions to furnish credit information to **Garrow Oil Corp.**

BUSINESS NAME \_\_\_\_\_

APPLICANT'S SIGNATURE & TITLE \_\_\_\_\_