

Credit Application

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Corporation Partnership Sole Proprietorship Individual

Years in business: _____ Years at this address: _____ DUNS: _____

Bank Name: _____ Contact: _____

Bank Phone: _____ Bank Fax: _____

Tax Exempt Tax I.D.# (if applicable) _____

Trade References

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I do hereby certify that all information provided on this form is correct. I authorize Lube & Fuel Solutions, LLC to contact the trade references and / or financial institutions listed herewith, for the purpose of establishing a line of credit. I fully understand your company's credit terms and do agree to adhere to those terms in consideration of extended credit.

Signature _____ Date: _____

Title: _____