

## CREDIT APPLICATION (PLEASE TYPE OR PRINT NEATLY)

Salesman:	
Approved	Ву:

I. BUSINESS INFORMATION
Business Name: Telephone #:
Business Address: Zip: Fax #:
(city & state) 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 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 State Sales Tax State Diesel Tax Federal Diesel Tax Franchise Tax	YesNo YesNo			
IF NOT taxable you must furnis	h EXEMPTION FORMS			
Price Quoted: ITM	Tank			
III. BUSINESS AND BANK REFERENCES (business references must be relationships of o				
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 #:			
IV. BILLING Who to contact with billing questions:				
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)				
Paralle and helder and				

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

## V. 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 twenty five dollars (\$125.00) will be assessed on all deliveries below one hundred gallons (100) The fee in NYC and Staten Island will be one hundred fifty dollars (\$150.00)

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
OF ALL INDEBTEDNESS INCURRED FOR MER AND THEIR SUBSIDIARIES INCLUDING FINAN OF THE DELINQUENT AMOUNT. IT IS UN	Y, JOINTLY AND SEVERALLY PERSONALLY GUCHANDISE AND SERVICES FURNISHED BY TA'CE CHARGES AND COLLECTION OR ATTORNEY DERSTOOD THAT THIS GUARANTEE SHALL E HEREOF AND CONSENT TO ANY MODIFICAT EED.	YLOR OIL COMPANY FEES EQUAL TO 25% BE A CONTINUING
INDIVIDUAL: SIGNATURE	SOCIAL SECURITY NUMBER	DATE
INDIVIDUAL: SIGNATURE	SOCIAL SECURITY NUMBER	DATE

NOTE: THE ABOVE STATEMENT MUST BE SIGNED TO ACCEPT FOR PROCESSING

WIRE FRAUD ADVISORY: Wire fraud and email hacking/phishing attacks are on the increase. If you receive an email containing Wire Transfer Instructions, **DO NOT RESPOND TO THE EMAIL!** Instead, call our offices, using previously known contact information and NOT information contained in the email, to verify the information prior to sending any funds