



COMBINED OIL  
C O M P A N Y



100 Tri-State International, Suite 100  
Lincolnshire, IL 60069

(Office) 847.444.0792

(fax) 847.444.0793

**CREDIT APPLICATION**

Trade Name \_\_\_\_\_ Phone \_\_\_\_\_

Corporate Name \_\_\_\_\_ Fax \_\_\_\_\_

Ship To Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Proprietorship     Partnership     Corporation     LLC

Federal ID Number \_\_\_\_\_

Years in Business \_\_\_\_\_ Annual Volume (Gallons) \_\_\_\_\_

Are purchases for resale? \_\_\_\_\_ If yes, Resale Number \_\_\_\_\_

**PRINCIPALS OR OFFICERS:**

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

**BANK REFERENCES:**

Bank \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Checking Account No. \_\_\_\_\_ Savings Account No. \_\_\_\_\_

**PRINCIPAL SUPPLIERS:**

1. \_\_\_\_\_  
Company Address Phone

2. \_\_\_\_\_  
Company Address Phone

3. \_\_\_\_\_  
Company Address Phone

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize Combined Oil to verify and collect information on us, including but not limited to, bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be at the sole discretion of the creditor. We hereby authorize Combined Oil to file a UCC financing statement on Dealer inventory and business assets located at ship to address listed above.

\_\_\_\_\_  
Signature of principal or officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date