



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