

COMMERCIAL CREDIT APPLICATION

Phone – 252-537-3587 Fax – 252-537-8124 E-mail – newsomoil@newsomoil.com

WEB SITE - www.newsomoil.com

CREDIT INFORMATION

NAME OF BUSINESS : _____ PHONE: _____

BILLING AND STREET ADDRESS : _____

CITY : _____ STATE : _____ ZIP : _____ FAX : _____

DELIVERY ADDRESS, If different : _____

CITY : _____ STATE : _____ ZIP : _____ Contact: _____

FEDERAL ID NO. _____ E-MAIL ADDRESS: _____

YEAR BUSINESS BEGAN _____ ESTIMATED ANNUAL PURCHASES: _____

Will your purchases be for resale? ___ If so, what is your Sales Tax Exemption Number? _____

FORM OF BUSINESS: Corporation ___ State Incorporated ___ Partnership ___ Sole Proprietorship ___ LLC ___

Officers , Principals or Owners of Company :

NAME: _____ TITLE: _____

ADDRESS _____

NAME: _____ TITLE: _____

ADDRESS _____

NAME: _____ TITLE: _____

ADDRESS _____

Bank name: _____ Bank address: _____

City,State,Zip: _____ Phone: _____ Fax: _____

Bank Contact: _____

TRADE REFERENCES

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ How Long: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ How Long: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ How Long: _____

AGREEMENT

1. All invoices are to be paid in full 30 days from the date of the invoice unless otherwise agreed upon.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Newsom Oil Co., Inc. to obtain a credit report on yourself from the credit reporting agency of its choice.
4. You also authorize Newsom Oil Co., Inc. to provide credit information to the credit bureaus and companies that request written information on you.

SIGNATURES

Signature of Officer or Owner: _____ Date: _____

Social Security Number of Owner: _____

SPECIAL NOTES : _____

Products needed : Fuel Oil ___ LP Gas ___ Diesel ___ Gasoline ___ Motor Oil ___ Other _____