



# CREDIT APPLICATION

Approved \_\_\_\_\_  
Credit Limit: \_\_\_\_\_ By: \_\_\_\_\_

Business Office  
P.O. Box 492200  
Redding, CA 96049-2200  
530-221-2588  
800-655-4427  
FAX 530-221-2579

**PLEASE TYPE OR PRINT ALL INFORMATION**

**PRODUCTS REQUESTED:**

- |  |  |
|--|--|
| <input type="checkbox"/> CARD LOCK                         | <input type="checkbox"/> BULK DIESEL                     |
| TYPE OF CARDS (PLEASE CHECK APPROPRIATE BOX)               |  |
| <input type="checkbox"/> DIESEL AND OIL NO. OF CARDS _____ | <input type="checkbox"/> BULK GAS                        |
| <input type="checkbox"/> GAS AND OIL NO. OF CARDS _____    | <input type="checkbox"/> OILS, FLUIDS                    |
| <input type="checkbox"/> ALL PRODUCT NO. OF CARDS _____    | <input type="checkbox"/> HEATING FUEL                    |
| (DSL/GAS/OIL)  | <input type="checkbox"/> OTHER _____                     |
|  | <input type="checkbox"/> FUEL TYPE _____ TANK SIZE _____ |

ACCOUNT NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ FAX # \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ CNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ CNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ AUTHORIZED SIGNERS \_\_\_\_\_

ARE PURCHASE ORDERS REQUIRED \_\_\_\_\_ CREDIT LIMIT REQUESTED \$ \_\_\_\_\_

EXEMPTIONS: MONTHLY STATE: YES ( ) NO ( ) FED: YES ( ) NO ( ) OFF ROAD USE: YES ( ) NO ( )

BUSINESS PROPERTY IS: OWNED ( ) LEASED ( ) BOOKKEEPER CONTACT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

EXPECTED MONTHLY PURCHASES \$ \_\_\_\_\_ LENGTH OF TIME IN BUSINESS \_\_\_\_\_

TYPE OF BUSINESS: CORPORATION ( ) PARTNERSHIP ( ) PROPRIETORSHIP ( ) LLC ( ) RESALE # \_\_\_\_\_

IF CORPORATION, WHAT STATE? \_\_\_\_\_ FED I.D. # \_\_\_\_\_

CONTRACTOR LIC.# \_\_\_\_\_

**TRUCK INFORMATION**

# OF TRUCKS	TYPE: (Log, Hwys., Dump, Etc.)	HAUL FOR	CITY	PHONE
				( )

**OWNERSHIP INFORMATION  
(Names of 2 principals or Corporate Officers)**

FULL NAME	SOCIAL SECURITY NUMBER	TITLE	RESIDENCE ADDRESS	HOME PHONE NUMBER
				( )
				( )

## BANK REFERENCES

BANK	BRANCH	ACCOUNT NUMBER	ADDRESS

## TRADE REFERENCES

TYPE	NAME	ADDRESS	CITY	STATE	ZIP	PHONE
(FUEL)						(   )
(TIRES)						(   )
(   )						(   )
(   )						(   )
(   )						(   )

### TO CROSS PETROLEUM

When making application, it is understood that an investigation of my credit history will be conducted, including information from credit reporting agencies.

Billing shall be issued twice each month and payment will be due in full within 10 days of invoice date. A service charge of 1 1/2% per month (18% annual) or 50 cents minimum, will be charged on any balance overdue and your account will be C.O.D. until brought current.

I personally guarantee payment of the account notwithstanding the manner or capacity in which I sign my name below and further notwithstanding the status I may have as an officer, director, limited partnership, limited liability company or corporation.

I hereby declare that the enclosed credit information is true and accurate to the best of my knowledge and belief. I hereby authorize any institution to release credit information concerning myself or the business I represent to CROSS PETROLEUM.

I understand that the venue and adjudications will be in Redding, California. I further agree to pay all reasonable attorney's fee and cost which may be incurred in collecting any past due balances.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE