



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION				
Company Name:		DBA:	Phone:	
Registered Address:			Fax:	
Mailing Address (if different):			Email:	
Date Business Commenced:		Federal ID #:	Dunn & Bradstreet ID #:	
Sole Proprietorship:		Partnership:	<input type="checkbox"/> Corp. <input type="checkbox"/> LLC	
BUSINESS OWNER INFORMATION				
Name:		Title:	Phone:	
Address:		City:	State:	Zip Code:
Date of Birth:		SS#:		
Bank Name & Street Address:			Phone:	
City:	State:	Zip Code:	Contact Name:	Fax:
Type of Account: <input type="checkbox"/> Saving <input type="checkbox"/> Checking <input type="checkbox"/> Other Account #:				
BUSINESS/TRADE REFERENCES				
Company Name:		Type of Account:		
Address:				
City:		State:	Zip Code:	
Phone:	Fax:	Email:		
Company Name:		Type of Account:		
Address:				
City:		State:	Zip Code:	
Phone:	Fax:	Email:		
Company Name:		Type of Account:		
Address:				
City:		State:	Zip Code:	
Phone:	Fax:	Email:		
PRODUCT INFORMATION - CREDIT APPLIED FOR				
Expected Monthly Purchases in Gallons:			*Maximum Credit Applied for: \$ _____	
On Road Diesel: _____		Off Road Diesel: _____	Terms Requested: _____	
Gasoline: _____		Bulk Oil: _____	*For requests over \$25,000 Financial Statements must be submitted with the credit application.	

CHARGE SALES TAX ON DYED DIESEL: <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO ENTER REASON & SALES TAX NUMBER
FOR RESALE: <input type="checkbox"/> YES <input type="checkbox"/> NO		(PLEASE SEND A COPY WITH YOUR APPLICATION)
ARE YOU EXEMPT FROM ANY FUEL TAXES: _____ REASON: _____		
ATTACH EXEMPTION CERTIFICATE		
DELIVER TO FUEL TANKS OVER 500 GALLON: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES ENTER DEP FACILITY ID #:		
DO YOU WANT CARDLOCK FUEL CARDS ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES COMPLETE ATTACHED CARDLOCK INFO SHEET		
ADDITIONAL SHIP-TO LOCATIONS		
Name:	Delivery Address:	County:
Contact Name:	Phone Number:	
Name:	Delivery Address:	County:
Contact Name:	Phone Number:	
Name:	Delivery Address:	County:
Contact Name:	Phone Number:	
Type of Business:	Sales Person's Name:	

By signature hereof, the undersigned agrees to the following terms: I hereby represent that I am authorized to submit this application on behalf of the applicant named above and it is understood that the information will be obtained by Palmdale Oil Co. through personal interviews with third parties, such as business associates, financial sources such as banks, Dun & Bradstreet Reporting, and Credit Bureaus. These inquires include information as to applicants credit capacity and general credit reputation.

IN CONSIDERATION OF THE CREDIT EXTENDED TO APPLICANT BY Palmdale Oil Company (POC) AND THEIR SUCCESSORS, APPLICANT AGREES THAT SUCH CREDIT SHALL BE EXTENDED ON THE TERMS AND CONDITIONS SET FORTH HERIN. APPLICANT SHALL PAY ALL SUMS DUE FOR GOODS OR SERVICES PROVIDED BY POC WITH TERMS ESTABLISHED BY POC OF AN INVOICE, THEREFOR IN THE EVENT LEGAL ACTION IS NECESSARY TO ENFORCE THIS AGREEMENT, APPLICANT AGREES TO PAY REASONABLE ATTORNEY FEES AND ALL COLLECION COSTS WHICH MAY BE AWARDED AT THE TRIAL COURT OR APPELLATE LEVELS AS WELL AS BANKRUPTCY PROCEEDINGS. POC SHALL BE ENTITLED TO RECOVER REASONABLE ATORNEY'S FEES AND COLLECTION COSTS AND ALL COSTS ASSOCIATED WITH PROVIDING BOTH ENTITLEMENT AND AMOUNT OF ATTORNEY'S FEES AND COSTS. IF SUIT IS NECESSARY, VENUE SHALL BE IN PALM BEACH COUNTY. IN THE EVENT OF NON PAYMENT, APPLICANT ACKNOWLEDGES THAT POC MAY HAVE THE RIGHT TO FILE A LIEN ON PROPERTY MADE SUITABLE FOR THE CONSTRUCTION OF IMPROVEMENTS PURSUANT TO CHAPTER 713, FLORIDA STATUTES. BALANCES WHICH ARE OUTSTANDING FOR MORE THAN 60 DAYS AFTER DELIVERY OF AN INVOICE THEREFORE MAY INCUR A LATE CHARGE OF THE GREATER OF 1.5% PER MONTH OR \$25.00 PER MONTH. PURCHASER AGREES THAT THEY HAVE 10 DAYS FROM INVOICE DATE TO DISPUTE ANY CHARGES.

Applicant Name: _____ Officer Name: _____ Signature: _____

Title: _____ Date: _____

THE UNDERSIGNED, A PERSON OF FULL MAJORITY, DOES HERBY ABSOLUTELY AND UNCONDITIONALLY AGREE TO BECOME SURETY FOR THE PROMT AND PUNCTUAL PAYMENT OF ALL SUMS DUE UNDER THIS AGREEMENT. GUARANTOR'S OBLIGATION UNDER THIS GUARANTY SHALL BE ON A "JOINT AND SEVERAL" BASIS ALONG WITH APPLICANT. IN THE EVENT LEGAL ACCTION IS NECESSARY TO ENFORCE THIS GUARANTY, THE UNDERSIGNED AGRRES TO PAY REASONALBE ATTORNEY'S FEES AND ALL COLLECTION COSTS WHICH MAY BE AWARDED AT THE TRIAL COIRT OF APPLATE LEVELS AS WELL AS BANKRUPTCY PROCEEDINGS. POC SHALL BE ENTITLED TO RECOVER REASONABLE ATTORNEY'S FEES AND ALL COSTS ASSOCIATED WITH PROVING BOTH ENTITLEMENT AND AMOUNT OF ATTORNEY'S FEES AND COSTS. IF SUIT IS NECESSARY, VENUE SHALL BE IN PALM BEACH COUNTY.

Guarantor's Signature: _____ SS#: _____

Guarantor's Print Name: _____ Date: _____

PLEASE FAX YOUR COMPLETE CREDIT APPLICATION AND ALL TAX CERTIFICATES TO OUR CREDIT DEPARTMENT (561) 736-0401. FOR QUESTIONS, CONTACT THE CREDIT DEPT. AT (561) 732-2433.



www.palmdaleoil.com

FORT PIERCE BOYNTON BEACH OKEECHOBEE FORT MYERS RIVIERA BEACH TAMPA ORLANDO

Where you need it, when you need it!