

**QUALITY
PETROLEUM
PRODUCTS**



Englefield Oil Company

447 JAMES PARKWAY · MID OHIO INDUSTRIAL PARK · HEATH, OHIO 43056

FOR OFFICE USE ONLY
Date: _____
Delivering Plant: _____
Salesperson: _____

CREDIT APPLICATION

Card Lock Fuel Lube Industrial VPS Commercial Duke Card

ALL PHONE NUMBERS MUST BE PROVIDED

Company Name (Legal Name) (Parent Company)		Business or DBA Name		Corporate ID#	State in which Incorporated
Street Address (Physical Address)			City	State	Zip
Mailing Address (Billing Address)			City	State	Zip
Phone Number	Fax Number	E-Mail Address		Cell Phone Number	
Previous Supplier	Type of Business	Year Started	Est. Monthly Purchase	Premises	
			\$	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	
Exemptions (If exempt, please include Tax Exempt Form with application)			Sales Tax Exempt?	Federal Tax Exempt?	Federal ID Number
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE CHECK THE MOST PERTINENT CORPORATE DESCRIPTION AND COMPLETE BELOW

CORPORATION

PRINCIPAL OFFICER	ADDRESS
1.	
2.	
3.	

PARTNERSHIP / PROPRIETORSHIP (List Partners) (If more than 2, list separate sheet)

Name	Title	Physical Address	City	State	Zip
Social Security No.	Driver's License No.	Phone Number	Cell Phone Number	E-Mail Address	
Emergency Contact Person	Address		City	State	Zip
Phone Number	Phone Number				
Name	Title	Physical Address	City	State	Zip
Social Security No.	Driver's License No.	Phone Number	Cell Phone Number	E-Mail Address	
Emergency Contact Person	Address		City	State	Zip
Phone Number	Phone Number				

If Company is Less Than One Year Old or Change in Ownership, Please Provide the Following Information

Full Name of Owner/President	Address	City	State	Zip
Social Security No.	Phone Number	Driver's License No.	E-Mail Address	

Banking References

Bank:	Address:	Phone:	Account Officer:	Checking Account No (Required):
-------	----------	--------	------------------	---------------------------------

Trade References

1 Company Name:	2 Company Name:
Contact Name:	Contact Name:
Phone: Fax:	Phone: Fax:
3 Company Name:	4 Company Name:
Contact Name:	Contact Name:
Phone: Fax:	Phone: Fax:

SIGNATURE REQUIRED ON OPPOSITE SIDE.

See reverse side for Terms & Conditions. ↴

PHONE (740) 928-8215

FAX (740) 928-1531

www.Englefieldoil.com

CREDIT AGREEMENT

In consideration of your extending credit to me, I (The Customer) agree to the following regarding all purchases made with Englefield (The Company) by me or others authorized to use my account.

1. **BALANCE:** To pay balance of my account within terms upon receipt of my statement without incurring a finance charge.
2. **FINANCE CHARGE:** To pay a non-negotiable finance charge of 1-1/2% per month (18% annually) on all past due amounts. The balance outstanding at statement time is determined by adding purchases and other charges to, and subtracting payments and credits from the balance outstanding on the previous statement.
3. **FAILURE TO PAY:** Englefield Oil may declare the full remaining unpaid balance immediately payable if I fail to make any required payment in full when due. If the account is referred to an attorney for collection, all cost of collection incurred by Englefield Oil Company, including but not limited to, Attorney's fee, small claim fees, collection agent fees, and expenses, not exceeding the amount permitted by state law. Ohio law applied during disputes. All court cases will be held in Licking County Courts.
4. **CREDIT LIMITS:** Based on the information I supplied and a subsequent credit inquiry, my newly approved account is subject to credit limits. Credit limits are adjusted as needed based on my payment history, Englefield Oil Company reserves the right to limit the extent of my purchases.
5. **CREDIT INQUIRY:** You (The Company) are authorized to investigate my credit history including bank and trade references both now and for future updates. You (The Company) are also authorized to report to proper persons and bureaus my performance under this agreement.
6. **REVISION AND TERMINATION OF AGREEMENT:** You, (The Company) may revise this agreement at any time upon giving me proper notice. Either you, (The Company) or I (The Customer) may terminate this agreement upon giving proper written notice to the other. However, such termination shall not effect my then-existing obligations under this agreement.
7. **TERMS OF SALE:** Will be determined by credit inquiry: Your billing cycle will either be weekly, semi monthly or monthly as determined by your credit history and financial information. Payment is due 15 days from statement date.

*****PLEASE FILL OUT AND RETURN WITH THIS APPLICATION,
A CERTIFICATE OF TAX EXEMPTION, OR YOU WILL BE CHARGED TAX*****

The undersigned individual, who is either a principal of the credit applicant or a sole proprietor of the credit applicant, recognizes that his or her individual credit history may be a factor in the evaluation or the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by title the named business credit grantor, from time to time as may be needed, in the credit evaluation process.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

If Company is a Corporation or Partnership

BY _____ (Name & Title of Officer or Partner)

PRINT NAME

SIGNATURE (Authorized Signature)

DATE

COMPANY NAME