



CUSTOMER CREDIT APPLICATION

The customer should complete all information before the application can be approved.

CUSTOMER BILLING INFORMATION

Name EIN #/SSN

Contact Name (if different than above)

Billing Address

Street City State ZIP

Telephone Number Fax Number

E-Mail Address

Tax Exemption (circle) Yes No If yes, tax exemption form must be filled out and attached

Purchase Order Required (circle) Yes No

Special Billing Instructions

CUSTOMER'S BANK INFORMATION

The following information is necessary to process the application. It will be held confidential.

Bank

Bank Officer

Bank Address

Street City State ZIP

Bank Phone Number

BUSINESS REFERENCES:

1. Business Name **Contact Name**

Address

Street City State ZIP

Telephone Number Fax Number

2. Business Name **Contact Name**

Address

Street City State ZIP

Telephone Number Fax Number

3. Business Name **Contact Name**

Address

Street City State ZIP

Telephone Number Fax Number

OWNERSHIP OF BUSINESS

Number of years you have owned your business

Name of Principal(s) Telephone Number

Name of Principal(s) Telephone Number

I certify that all the information on this form is correct. I fully understand and accept your credit terms and guarantee the proper payment in consideration of the extended credit. I authorize Bauman Oil Distributors, Inc. to check my credit references as listed above. Bauman Oil Distributors, Inc. reserves the right to revoke credit, demand payment in full, and/or reduce the credit line amount. If reasonable collection or legal action is deemed necessary by Bauman Oil Distributors, Inc. to receive monies owed, the collection or legal fees shall also be charged to, and paid by the above person, business, or organization.

X

Signature of Owner or Officer Title Date