

CREDIT APPLICATION

To apply for a credit account, please complete the following information.

Deliver the completed form to our corporate office listed above.



Please print or type.

PART I:			
COMPANY NAME			
MAILING ADDRESS		CITY	STATE ZIP
BUSINESS ADDRESS (If different from above)		CITY	STATE ZIP
PHONE		FAX	
TYPE OF BUSINESS	ESTABLISHED (Month/Year)	FEDERAL ID	
SUBSIDIARY/DIVISION OF	DATE OF INCORPORATION	STATE OF INCORPORATION	
ESTIMATED MONTHLY USAGE (GALLONS) : DIESEL		GAS	
CREDIT LIMIT REQUESTED		ANNUAL SALES	
PURCHASE ORDER REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
HAS THIS FIRM OR ANY OF IT'S PRINCIPALS EVER FILED BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PART II: OWNER(S) INFORMATION continued on next page

LAST NAME	FIRST NAME	MI	TITLE	%OWNED
SOCIAL SECURITY #		DRIVERS LICENSE #		
MAILING ADDRESS		CITY	STATE	ZIP
PHONE		FAX		
RESIDENCE (Check one): OWN <input type="checkbox"/> RENT <input type="checkbox"/>		YEARS AT THIS ADDRESS		
SPOUSE'S EMPLOYER		YEARS EMPLOYED	MONTHLY INCOME	
MAILING ADDRESS		CITY	STATE	ZIP
LAST NAME	FIRST NAME	MI	TITLE	%OWNED
SOCIAL SECURITY #		DRIVERS LICENSE #		
MAILING ADDRESS		CITY	STATE	ZIP
PHONE		FAX		
RESIDENCE (Check one): OWN <input type="checkbox"/> RENT <input type="checkbox"/>		YEARS AT THIS ADDRESS		
SPOUSE'S EMPLOYER		YEARS EMPLOYED	MONTHLY INCOME	
MAILING ADDRESS		CITY	STATE	ZIP
LAST NAME	FIRST NAME	MI	TITLE	%OWNED
SOCIAL SECURITY #		DRIVERS LICENSE #		
MAILING ADDRESS		CITY	STATE	ZIP
PHONE		FAX		
RESIDENCE (Check one): OWN <input type="checkbox"/> RENT <input type="checkbox"/>		YEARS AT THIS ADDRESS		
SPOUSE'S EMPLOYER		YEARS EMPLOYED	MONTHLY INCOME	
MAILING ADDRESS		CITY	STATE	ZIP

PART III: BUSINESS CONTACT

NAME	TITLE	PHONE
FAX	EMAIL	

PART IV: MAJOR CREDIT REFERENCES(Give only names of those you buy from on a commercial open account. Please do not list major credit card references.)

COMPANY NAME		ACCOUNT #
CONTACT	PHONE	FAX
MAILING ADDRESS	CITY	STATE ZIP
COMPANY NAME		ACCOUNT #
CONTACT	PHONE	FAX
MAILING ADDRESS	CITY	STATE ZIP

COMPANY NAME		ACCOUNT #	
CONTACT	PHONE	FAX	
MAILING ADDRESS	CITY	STATE	ZIP

PART V: CURRENT FUEL SUPPLIER

COMPANY NAME		ACCOUNT #	
CONTACT	PHONE	FAX	
MAILING ADDRESS	CITY	STATE	ZIP

PART VI: BANK REFERENCE

BANK NAME	CONTACT PERSON		
MAILING ADDRESS	CITY	STATE	ZIP
PHONE	FAX		
CHECKING ACCOUNT #	SAVINGS ACCOUNT #	LOAN ACCOUNT #	

PART VII: CREDIT TERMS AND AGREEMENT

Payment Terms: _____. The undersigned agrees to pay for all fuel, lubricants, and other products within agreed upon terms. The undersigned further agrees to pay a finance charge of 1-1/2% per month (18% annual rate) on all past due amounts; a handling fee of \$50 for each returned check, and all collection and legal fees whether or not court ordered. In the event of a lawsuit or other legal proceeding, customer covenants and agrees that Kern County, California shall be the only proper venue.

I certify that the above information is true and accurate and is submitted to Fleet Card Fuels in conjunction with a request for credit. References listed above are authorized to release any credit information to Fleet Card Fuels. A copy of this authorization shall be as valid as the original.

NAME	TITLE
SIGNATURE	DATE

Part VIII Optional Payment Methods

Please indicate optional payment method and include completed authorization form with this application.

ELECTRONIC FUNDS TRANSFER (EFT) PREAUTHORIZED CHECKS (CHAX) CHECK BY MAIL

PART IX: CREDIT INVESTIGATION AUTHORIZATION

I hereby authorize Fleet Card Fuels to make any credit investigation they deem appropriate and to exchange any information they may receive in the course of such investigation.

PRINT NAME	SIGNATURE	DATE
PRINT NAME	SIGNATURE	DATE

PART X: PERSONAL GUARANTEE *Complete this section if not a corporation.*

In consideration for the extension of charge card rights for the purchase of property or services to the applicant, THE UNDERSIGNED PERSONALLY GUARANTEES THE UNCONDITIONAL PAYMENT OF ANY UNPAID AMOUNT UPON APPLICANT'S ACCOUNT. This is a guarantee of payment and not merely of collection; no collection or civil action need be commenced against the Applicant prior to a demand being made upon the undersigned.

PRINT NAME	SIGNATURE	DATE
PRINT NAME	SIGNATURE	DATE



our mission

To provide our customers with quality products, services and support that exceeds their expectations. To offer a safe workplace for our employees and create an environment which fosters pride, excellence and opportunity. To always be a growing, dynamic, profitable company conducting our businesses with uncompromising integrity.

vision

Growth in niche markets of all business units that provide a return on investment, through unsurpassed customer service, while continuing a tradition of providing an employee-centered workplace.

values

We are committed to:

- Safety
- Integrity and Honesty
- Quality Leadership and Teamwork
- Earning the Trust and Loyalty of all individuals by treating them with Respect and Dignity
- Being good stewards of the environment

