

FLEET CARD FUELS

P.O. BOX 81685
BAKERSFIELD, CA 93380

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www.FleetCardFuels.com

4200 BUCK OWENS BLVD.
BAKERSFIELD, CA 93308

BULK FUELS PURCHASE CREDIT APPLICATION

PART I: PLEASE PRINT OR TYPE

COMPANY NAME		AREA CODE	
		PHONE NO. () _____	
		FAX NO. () _____	
MAILING ADDRESS	CITY	STATE	ZIP
STREET ADDRESS (If different from above)	CITY	STATE	ZIP
EMAIL ADDRESS	NUMBER OF YEARS IN BUSINESS? _____	FEDERAL TAX I.D. NUMBER:	
TYPE OF ORGANIZATION (Please check one) <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		If corporation, State of Incorporation? _____ Public _____ or Private _____	
FINANCIAL STATEMENT: <input type="checkbox"/> ATTACHED <input type="checkbox"/> TO BE MAILED <input type="checkbox"/> ALREADY PROVIDED		REQUESTED LINE OF CREDIT: \$ _____	
ESTIMATED ANNUAL PRODUCT REQUIREMENTS: Product/Service Type _____		Annual Gallonage _____	
Product/Service Type _____		Annual Gallonage _____	

PART II - OWNER'S INFORMATION

COMPLETE THE FOLLOWING INFORMATION FOR EACH OFFICER, PARTNER, OR INDIVIDUAL: (Attach additional sheet if necessary)

NAME	TITLE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART III - OWNER'S INFORMATION

NAME (First, Middle Initial, Last)		AGE	SOCIAL SECURITY NUMBER		DRIVERS LICENSE
NUMBER					
STREET ADDRESS		CITY	STATE	ZIP	HOME PHONE NUMBER
<input type="checkbox"/> HOUSE	<input type="checkbox"/> OWN	YEARS @ THIS	PREVIOUS ADDRESS (If less than 3 years at above address)		GROSS MONTHLY INCOME
<input type="checkbox"/> APARTMENT	<input type="checkbox"/> BUYING	ADDRESS			
<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> RENT				
SPOUSE'S NAME		SOCIAL SECURITY NO.	OCCUPATION		GROSS MONTHLY INCOME
SPOUSE'S EMPLOYER (Name and Address)					YEARS AT THIS EMPLOYER

PART IV - TRADE REFERENCE: (Please provide complete address and phone numbers)

CURRENT FUEL SUPPLIER:

Name _____	Address: _____
Telephone Number: _____	City/State/Zip: _____
Fax Number: _____	Contact: _____

REFERENCES:

Name _____	Address: _____
Telephone Number: _____	City/State/Zip: _____
Fax Number: _____	Contact: _____

PART IV - TRADE REFERENCES CONTINUED:

REFERENCES:

Name _____
Telephone Numbner: _____
Fax Number: _____

Address: _____
City/State/Zip: _____
Contact: _____

Name _____
Telephone Numbner: _____
Fax Number: _____

Address: _____
City/State/Zip: _____
Contact: _____

Name _____
Telephone Numbner: _____
Fax Number: _____

Address: _____
City/State/Zip: _____
Contact: _____

PART V - BANK REFERENCES:

Name _____
Telephone Numbner: _____
Fax Number: _____

Address: _____
City/State/Zip: _____
Contact: _____

Name _____
Telephone Numbner: _____
Fax Number: _____

Address: _____
City/State/Zip: _____
Contact: _____

PART VI - CREDIT TERMS AND CREDIT AGREEMENT

The undersigned agrees to pay for all fuel, lubricants and other products within 15 days after invoice date. 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 charge of \$20 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.

Please Print Name and Title

Signature

Company Name

Date

PERSONAL GUARANTY

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. A copy of this guarantee shall be as valid as the original.

GUARANTOR SIGNATURE

DATE

GUARANTOR SIGNATURE

DATE

PLEASE PRINT NAME

PLEASE PRINT NAME

CREDIT INVESTIGATION AUTHORIZATION

The undersigned is executing this Authorization for Credit Report individually for the purpose of authorizing Fleet Card Fuels (Creditor) to obtain a consumer credit report from time to time on the undersigned individual through credit and consumer reporting agencies or other sources, in order to further evaluate the credit worthiness of such individual in connection with the credit evaluation process and the proposed extension of business credit to _____, and any affiliates or related companies (collectively "Applicant").

THE UNDERSIGNED, AS AN INDIVIDUAL, HEREBY KNOWINGLY CONSENTS TO THE USE OF SUCH CREDIT REPORT IN ACCORDANCE WITH FEDERAL FAIR CREDIT REPORTING ACT AS CONTAINED IN 15 U.S.C. 1681, ET SEQ., AS AMENDED FROM TIME TO TIME.

GUARANTOR SIGNATURE

GUARANTOR SIGNATURE

PLEASE PRINT NAME HERE

PLEASE PRINT NAME HERE

DATE

DATE

