



2300 Booth Street Monroe, LA 71201

Office: 318-388-2602 | Toll-Free: 1-800-883-8081 | Fax: 318-323-1154

Account Manager: _____

New Account #: _____

Approved: YES: _____ NO: _____

Terms: _____

EFT: _____ ACH: _____ Credit Card: _____

Fax or E-mail credit app to cgolzaes@central-oil.com

***FOR OFFICIAL USE ONLY**

Credit Application

Company Information	
Company Name: _____	Fed ID: _____
Billing Address: _____	Soc. Sec. #: _____
_____	Website: _____
Shipping Address: _____	Email: _____
_____	Is this company a:
_____	_____ Corporation
Company Phone: _____ Fax: _____	_____ Partnership
If incorporated, in what state? _____	_____ Sole Proprietor
Type of business? _____	_____ Limited Liability Company
How long has the company been in business? _____	_____ Contractor-Bonded? YES or NO
Do you require a purchase order number? YES or NO	
Amount of credit desired? \$200 _____ \$500 _____ \$1,000 _____ \$2,000 _____ \$3,000 _____ \$5,000 _____ \$10,000 _____ \$15,000 _____ \$20,000+ _____	

Do you have other business names you may have operated as? If so, please complete the following:

EFT/ACH payments are to be drafted from: Bank Name: _____ Account #: _____

Account Name: _____ Routing #: _____

Personal Credit Information

Please complete information for all owners and partners.

Name	Social Security Number	Spouse
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Address	City & State	Zip Code
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Name	Social Security Number	Spouse
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Address	City & State	Zip Code
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Taxing Information (Must be completed)

State Tax Exempt: YES NO If yes, you must attach your blanket certificate(s) of exemption notice before we can bill

Parish/City Exempt: YES NO you without taxes.

Excise Tax Exempt: YES NO *Will your delivery point be **INSIDE** or **OUTSIDE** of the city limits? (Please circle one)

State of _____ % _____ Parish/County Name _____ % _____

City/Town Name _____ % _____ Total tax to charge: _____

Bank Reference

Applicant's Principal Bank _____

Name of Loan Officer _____

Address _____

City & State Telephone #

Applicant's Insurance Company Name of Agent

Address City & State Telephone #

Credit Reference

Please provide the names and phone numbers of three (3) credit references that we may contact. If credit is needed within limited times please provide us with references that will give credit ratings over the phone to prevent delays:

Table with 4 columns: Name, City & State, Telephone #, Fax #

Terms and Conditions

This application is submitted by the undersigned (hereinafter referred to as the Applicant) for the purpose of maintaining a credit account with Central Oil & Supply Corporation and/or Central Oil of Baton Rouge, L.L.C. (hereinafter referred to individually or collectively as Creditor). All representations are accurate, complete and truthful to the best of the applicant's knowledge and belief. The Applicant hereby authorizes any individual, firm or corporation given as credit references to disclose to the Creditor orally or in writing any information, which is pertinent to this application. If the Applicant is a corporation, partnership or LLC (hereinafter Entity), the undersigned affirmatively states that he/she is authorized to make application on behalf of said Entity and to obligate the same for any credit extended thereto as a result of this application, and further that the Entity on whose behalf the application is hereby made will continue to be bound and obligated for any credit advanced hereto until notice to the contrary is given in writing via certified mail return receipt requested to the Creditor at 2300 Booth Street, Monroe, Louisiana 71201. If the Applicant presents a financial statement as a part of this application, it will be attached hereto and made a part hereof and relied on accordingly. Applicant agrees to submit financial statements as requested by Creditor, and that such financial statements will be accurate, complete, and truthful. Credit extended by Creditor to Applicant on fuel accounts shall be due within ten (10) days of billing date to Applicant. Credit extended by Creditor to Applicant on lubricant accounts shall be due within thirty (30) days of the billing date to Applicant. Applicant agrees to pay the amount due on or before the due date to avoid a LATE CHARGE. All accounts not paid by the due date shall be deemed past due and a late charge will be added to the past due balance. A FINANCE CHARGE of 1.5% per month (ANNUAL PERCENT RATE OF 18%) on the outstanding amount shall be charged on any amounts due to the Creditor that is not paid by the due date on any notice of amounts due from Creditor. It is expressly understood by Applicant that the existence of the FINANCE CHARGE does not affect Applicant's obligation to pay the account in full when due. At the election of Creditor, Applicant may be required to remit payments via electronic funds transfer (EFT). Upon Creditor's request, Applicant will submit all information necessary for processing transactions via EFT and execute any and all documents required for the payment via EFT. If this account is not paid in full when due and it is placed in the hands of an attorney for collection, Applicant agrees to pay reasonable attorney's fees in the amount of twenty-five percent (25%) additional on the aggregate amount of principal, late charges and finance charges, all court cost incurred, and all collection expenses incurred. Any references to Applicant herein also apply to any guarantors.

This information is being provided for the purpose of obtaining credit and the undersigned hereby certifies that it is true and correct. We authorize the Creditor to investigate our credit worthiness, credit history, and financial responsibility through any credit bureau or by any other means including direct contact with past and present creditors. We also accept stated terms and agree to pay in accordance with those terms.

NOTICE: DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ IT. YOU ARE ENTITLED TO A COPY OF THE SIGNED AGREEMENT.

Corporation, LLC, Partnership, Sole Proprietorship

By: Signature Title Date

Guaranty

FOR VALUE RECEIVED, the undersigned, who is made party to this contract and is bound with Applicant jointly and IN SOLIDO for the faithful execution of all the obligations to be performed on the part of the Applicant, does hereby

Guarantor's Signature: SS#: DOB: Principal Bank: Date: