



COMMERCIAL APPLICATION FOR CREDIT

Marketing Rep: _____
ACCOUNT# 37- _____

PO BOX 150310 • OGDEN UT 84415-0310 • (801)624-1530 FAX (801)624-3001

Firm Name: _____ Date: _____
Street Address: _____ City: _____ County: _____
State: _____ Zip: _____ Tel.: _____ Fax: _____
Accounts Payable Supervisor: _____ Branch or Division of: _____

Customer Type: [] Reseller [] End-User
Organization Type: [] Partnership [] Corporation [] Proprietorship
Is Business Property: Rented [] or Owned [] Years in Business: _____
(Name)
(Address)

OWNER/OFFICER INFORMATION

Table with 4 columns: NAME, SOCIAL SECURITY #, TITLE, HOME ADDRESS

PRODUCTS: _____ Est. Monthly Gallons: BIG WEST OIL LLC _____ All Suppliers _____

FINANCIAL STATEMENTS: [] Attached [] Will Mail Direct (Failure to provide financial information will result in delays and possible denial of credit privileges.)

Table with 5 columns: Banks: (Name), (Account Number), (City/State), (Contact), (Phone#)

Table with 5 columns: Trade References: (Name), (Address), (Contact), (Phone#), (Fax#)

List all subsidiary or affiliate companies: (Name, Address, Relationship)

PLEASE ATTACH COPIES OF ALL APPLICABLE TAX EXEMPTION CERTIFICATES

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:

The above information as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Firm Name: _____
Authorized by _____
Title _____ Date _____
Federal Tax ID # _____

BOTH THE APPLICATION & THE CREDIT AGREEMENT MUST BE COMPLETED