

Application for Commercial Credit

Date

Name in which account is to be carried		
Business Street Address		IRS Tax #
City	State	Zip
Business Telephone	Business Fax	Approximate Amount of Credit Requested
What is your legal status? Please check one: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Type of Business	How long established?	
Name and Title of Principal Officers, Partners or Proprietors		
Name	Title	DOB
Home Address		Social Security #
City	State	Zip
Name	Title	DOB
Home Address		Social Security #
City	State	Zip
Bank Reference		
Name	Contact	
Address		
City	State	Zip
Account #	Phone #	
Trade References		
Name	Phone #	
Address		
City	State	Zip
Name	Phone #	
Address		
City	State	Zip

I agree by signing this application to be bound by the terms of credit as established by Brewer-Hendley Oil Company and give Brewer-Hendley Oil Company the right to investigate the credit of this company and its principals either by credit report or personal contact. I understand that Brewer-Hendley Company retains the right to revoke credit privileges in the event I do not abide by these terms.

Name of Applicant	Title	Name of Co-Applicant	Title
Signature	Date	Signature	Date