

VELVIN OIL CO.

Charge Account Application

403 Webster Drive
Henderson, Texas 75652
903-657-2108/Fax 903-657-8794

Approved	Account #	Date:
Declined		

Applicant: Please read the following before completing this form. Applicant represents that the information given in this Application is complete and accurate and authorizes Velvin Oil Company or its authorized credit agent to check with credit reporting agencies, credit references and other sources, including banks, Seller deems appropriate in considering this application and subsequently for any legal purposes. READ THE ATTACHED AGREEMENT AND SIGN THE "SIGNATURE" SECTION BEFORE SUBMITTING THIS APPLICATION.

Company Name (Full Legal Name)		DBA (Doing Business As)	
Billing Address		City	State Zip
Physical Address (or Shipping Address)		City	State Zip
Business Type	# of Locations	Year Established	# of Employees
Business Structure <input type="checkbox"/> Corporation (or) <input type="checkbox"/> LLC <input type="checkbox"/> LP Year Incorporated _____ State of Incorporation _____ <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Government Agency			Annual Sales \$
If a Corporation, please list three major stock-Holders and officers of the Corporation. If a Partnership or Proprietorship, please list the name, address and Social Security Number of all owners.	Name/Title		Social Security Number
	_____		_____
	_____		_____
	_____		_____
Inside City Limits?	County (For Shipping Address)	Have you ever filed bankruptcy? Yes _____ (complete below) No _____ What Year? What Type?	
Avg. Monthly Purchases? \$ _____	Federal ID#	Purchase Order Required?	Dun & Bradstreet # Rating (if known)
Are your purchases Tax Exempt? Yes _____ No _____	Tax Exempt#	TAX WILL CONTINUE TO BE CHARGED ON ALL INVOICES UNTIL THE APPROPRIATE "TAX EXEMPT CERTIFICATE" IS RECEIVED. CUSTOMER WILL BE RESPONSIBLE FOR ALL TAX UNTIL CERTIFICATE IS RECEIVED.	
Billing Contact Name	Phone #	Fax #	Email Address
Purchasing Manager	Phone #	Fax #	Email Address
Indicate all authorized purchasers(s) (other than fuel cards) (for oils, greases, etc.)			
1. _____		4. _____	
2. _____		5. _____	
3. _____		6. _____	
Bank Reference (Required)			
Name Of Bank: _____		Address: _____	
Phone #: _____		Contact: _____	
Trade References (DO NOT LIST financial institutions or credit cards)			
1. _____		City/St: _____ Phone#: _____	
2. _____		City/St: _____ Phone#: _____	
3. _____		City/St: _____ Phone#: _____	

Velvin Oil Company Credit Terms and Conditions

Our terms are DUE UPON RECEIPT OF STATEMENT. On the last business day of each month a statement will be prepared and mailed to you listing all unpaid invoices as of the close of business for that month. THE ENTIRE BALANCE SHOWN ON THE STATEMENT, IS DUE UPON RECEIPT and accounts will be CUT OFF if payment is not received by the TENTH. Any part of a statement balance not paid by the end of the month following the statement date will be considered PAST DUE and will be assessed a 1.5 % late charge that will be added to the unpaid balance.

Your account will be assigned an OPEN CREDIT LIMIT, subject to review at any time and Velvin Oil Company reserves the right to discontinue any CHARGE privileges should your account become past due; if there is an ownership or name change; if there is a bankruptcy; or at any time Velvin Oil Co., for good cause, deems itself insecure.

The applicant hereby authorizes a full and complete credit investigation by Velvin Oil Co. and understands that Velvin Oil Co., will not process a "CHARGE" order until a signed and completed credit application has been submitted and approved. All information will be VERIFIED. The applicant further authorizes the bank listed on the application to release information to Velvin Oil Co., as necessary for Velvin Oil Co., to approve credit and subsequently for any legal purpose. Should it become necessary to place the account in the hands of an attorney or collection agency, I/we agree to pay an additional 25% of the amount due and owing. If Velvin Oil Co., finds it necessary to refer this account to an attorney for initiation of a LAWSUIT, a fee of 33 1/3% of the outstanding balance plus any and all court costs shall be added to the account balance.

This CONFIDENTIAL CREDIT APPLICATION contains all terms negotiated between the parties and may be modified only upon written agreement between Velvin Oil Co., and the Applicant.

**I/WE HAVE READ THE TERMS OF THIS AGREEMENT AND AGREE
TO BE BOUND BY THEM IN ALL RESPECTS.**

This _____ day of _____, 20_____

Signature: _____
(OWNER OR OFFICER SIGNATURE REQUIRED)

Name: _____ Title: _____

PERSONAL GUARANTY

ALL BUSINESSES ARE REQUIRED TO SIGN THIS GUARANTY.....

UNDERSIGNED GUARANTY MUST BE ONE OF THE FOLLOWING (Circle One) Owner/Sole Proprietor / General Partner / Corporate Officer

PERSONAL GUARANTY: In consideration of Seller, financing purchases by Applicant, the undersigned Guarantor hereby agrees unconditionally, absolutely and irrevocably, to personally guarantee payment of all amounts, hereafter due under, and the performance under the terms of the attached Commercial Charge Account Agreement ("Agreement"), and further agrees to pay the total balance due on the Account opened pursuant to the Agreement upon demand, without requiring Seller to make demand and/or proceed first to enforce payment against the Applicant also liable on this account, in the event of any default under the Agreement that governs the Account. The undersigned hereby waives any notices regarding the Agreement or this Guaranty, and agrees that this Guaranty shall be applicable until the Agreement has terminated and all amounts due there under shall be paid in full. The undersigned agrees that in the event the Account is not paid as agreed, Seller may report the undersigned's liability for and the status of the Account to the credit bureaus and others who may lawfully receive such information.

PERSONAL GUARANTOR MUST BE OWNER/SOLE PROPRIETOR, GENERAL PARTNER, OR CORPORATE OFFICER.

Full name	Home Address	City	St	Zip
Signature	Date	Title	Social Security # (REQUIRED)	Home Phone #

FOR OFFICE USE ONLY	Number of Fueling Cards Requested _____
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