

# New West Oil Company - Credit Application

Business Name: \_\_\_\_\_

Years in business: \_\_\_\_\_

**Bill To Address:**

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: UVEZa

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

D&B No. \_\_\_\_\_

**Main Ship-To Address:**

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City: UVEZa

Business Type:

Sole Proprietor  
  Partnership  
  Corporation  
  LLC  
 State \_\_\_\_\_

Names/Address of Proprietor or Managing Partner-Member	-or-	Title and Name of Corporate Officers
Name: _____		Pres/CEO: _____
Street: _____		CFO/VP Fin: _____
City: <u>UVEZa</u>		Cont/Acct Mgr: _____
SSN: _____		Fed TIN: _____

**Products to be purchased**  
  Lubes  
  Fuel  
  Car wash products  
  Filters and other

**Total Credit Requested**  
 \$ \_\_\_\_\_  
 P.O. Required?  
 YES   
 No

**Any purchases for Resale?**  
 No   
 YES   
 If YES, please complete AZ Form 5000

<b>Bank Reference</b>	Contact: _____
Bank Name: _____	Phone: _____ Fax: _____
Address: _____	Main Acct # _____
City: _____ State/Zip _____ / _____	Loan Acct # _____

**Trade References:**

Company: _____	Company: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Contact: _____ Email: _____	Contact: _____ Email: _____
Company: _____	Company: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Contact: _____ Email: _____	Contact: _____ Email: _____

I/We certify that the information provided above is true and accurate, and is provided in order to demonstrate to New West Oil Company LLC ("the Company") my/our credit worthiness for the purpose of purchasing from the Company on Open Account. I/we authorize the Company to investigate relevant credit history through any credit bureau or other reasonable means, including direct contact with past and present creditors. I/We also authorize banks and other financial institutions to give information to the Company as requested based on the information provided above. If the Company does approve purchases on Open Account, I/we agree to the Terms and Conditions of Receiving Credit, which are included on the reverse side of this Credit Application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

[NOTE: At least one Signer must be an Authorized Bank Signer to satisfy Bank Reference requirements].