

# Colvin Oil Company, Inc.

## Business Credit Application



Business Name	Phone
<input type="text"/>	<input type="text"/>

Billing Address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Type	Years in Business	<input type="checkbox"/> Individual
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Partnership
		<input type="checkbox"/> Corporation

Owner, Partner or President Name	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank Reference	Branch	<input type="checkbox"/> Checking
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Savings
		<input type="checkbox"/> Loan

### Local Credit References

List accounts older than six months and currently active (Please, no banks).

Creditor	Phone
<input type="text"/>	<input type="text"/>

Representative	Account Number
<input type="text"/>	<input type="text"/>

Creditor	Phone
<input type="text"/>	<input type="text"/>

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Representative	Account Number
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### People authorized to charge on this account

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Terms:** Cash on demand or on receipt of semi-monthly statement. Statement periods end on the 15th and the last day of each month. All accounts must be kept current and paid in full before additional credit may be granted. If the account balance exceeds the requested credit limit, it is our policy to terminate charging privileges until the account is paid in full.

**BY SIGNING THIS APPLICATION, I AUTHORIZED THE RELEASE OF CREDIT AND BANKING INFORMATION TO A REPRESENTATIVE OF COLVIN OIL COMPANY, INC.**

Signature	Date
<input type="text"/>	<input type="text"/>

Type of account requested

Amount of credit requested per month

Cardlock  Station Charge  Bulk Delivery

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