

Deckman Oil Company

CONFIDENTIAL CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Purchaser:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Delivery address:		Phone:	
City:		State:	ZIP Code:
Years in business & type:			
S.S. # (non-incorporated):			
Estimated credit line: \$			
Sales tax exempt #			

BUSINESS/TRADE REFERENCES

1. Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
2. Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
3. Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

The undersigned agrees that any credit that may be extended by vendor/lessor herein is subject to the following terms: Service charge at the rate of 1½% per month will be charged on all balances unpaid for a period in excess of thirty (30) days and if vendor/lessor employs the service of an attorney to collect any delinquent account, the undersigned agrees, in addition, to pay vendor/lessor's reasonable attorney fees.

SIGNATURES

Title: Date:	Title: Date:
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