



P.O. Box 210191  
 Bedford, Texas 76095  
**Toll Free: 877-909-9191 Fax: 817-251-1437**

**CREDIT APPLICATION**

**COMPANY DETAILS**

Company Name \_\_\_\_\_ Taxpayer ID \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (if different from street address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ Website URL \_\_\_\_\_

Year Established: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole  
 \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Proprietorship

A/P Contact Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

How often are checks cut? \_\_\_\_\_ Is a **PO# REQUIRED?** \_\_\_\_\_ Email to send invoices:  
 DAILY WEEKLY MONTHLY YES NO

**OWNER(s) or PARTNERS Attach additional sheet if necessary**

First Name \_\_\_\_\_ M I \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ % Ownership \_\_\_\_\_

First Name \_\_\_\_\_ M I \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ % Ownership \_\_\_\_\_

**FINANCIAL INSTITUTION**

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Fax ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Acct # **(REQUIRED)** \_\_\_\_\_

**CURRENT CREDIT REFERENCES (Credit Card references not accepted)**

**1)** Company Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**2)** Company Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**3)** Company Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**AVERAGE GALLONS PER MONTH?** \_\_\_\_\_ **CREDIT LIMIT REQUEST?** \_\_\_\_\_

If purchasing dyed/off-road diesel please provide a DD/End User # or Bonded User #: **(Please attach a copy)**

**DD/End User #** \_\_\_\_\_ **Bonded User #** \_\_\_\_\_

