



APPLICATION FOR CREDIT

Company Name _____ Phone _____

Street Address _____ Fax _____

Billing Address _____ Email _____

City _____ State _____ Zip _____

Principal Owner, Partner or Officer _____ Title _____

Residence Address _____

Type of Business _____ Number of Years in Business _____

Sales Tax Exempt? No ____ Yes ____ (If yes, attach certificate) SS# or FIN# _____

Accounts Payable contact _____ Phone _____

Bank Reference _____

Name	Address/City/State/Zip	Checking Acct #
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REFERENCES

Name	Address	City	State	Zip	Phone
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Name	Address	City	State	Zip	Phone
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Name	Address	City	State	Zip	Phone
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I authorize you to obtain a written or oral credit report from any credit reporting agency. I further authorize any bank with which I am doing or have done any type of business to give any information to you, which will assist in your credit investigation.

The undersigned personally guarantees all obligations to your company or companies extended as a result of this application for credit. The undersigned agrees to comply with all terms of sale with James Oil Co, LLC.

Terms: as stated on INVOICE

Invoiced amounts past due shall be subject to a late charge of 18% APR – or the highest amount permitted by law, whichever is less. In addition, customer agrees to pay all costs incurred by JAMES OIL CO., LLC pertaining to the collection of past due amounts, including, but not limited to (1) attorney fees (11) court costs and (111) collection agency fees.

Signature _____ Print Name _____

Signer's Title _____ (Owner or Officer) Date _____

**110 Garfield St., PO Box 328, Carlisle, IA 50047
866-931-3314 or 515-989-3314 FAX: 515-989-9370
Visit our website at: www.JamesOil.Com**