



**COLUMBIA CITY, IN**

BUSINESS TYPE: Please check - Corporation\_\_\_\_Partnership\_\_\_\_Sole Proprietorship\_\_\_\_

BUSINESS NAME\_\_\_\_\_

BILLING ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_STATE\_\_\_\_\_ZIP\_\_\_\_\_

DELIVERY ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_STATE\_\_\_\_\_ZIP\_\_\_\_\_

TELEPHONE (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ FAX (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_.

IN BUSINESS SINCE(MONTH/YEAR)\_\_\_\_\_/\_\_\_\_\_

FEDERAL ID NUMBER\_\_\_\_\_-\_\_\_\_\_.

\_\_\_\_\_

BANK REFERENCE\_\_\_\_\_ACCOUNT NO.\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_STATE\_\_\_\_\_ZIP\_\_\_\_\_

TELEPHONE (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ FAX (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_.



**COLUMBIA CITY, IN**

TRADE REFERENCES:

1. NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

2. NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

3. NAME \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.



**COLUMBIA CITY, IN**

CREDIT LINE YOU ARE REQUESTING FOR MONTHLY CHARGES \_\_\_\_\_

**NAME AND RESIDENCE OF OWNER, PARTNERS, OR OFFICERS:**

1. NAME \_\_\_\_\_ SOCIAL SECURITY NO \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

2. NAME \_\_\_\_\_ SOCIAL SECURITY NO \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
**Officer Signature** **Print Name and Title** **Date**

ALL INFORMATION HEREIN IS KEPT PRIVATE AND CONFIDENTIAL

**FOR OFFICE USE ONLY:**

SALESPERSON OR DIVISION \_\_\_\_\_



**COLUMBIA CITY, IN**

It is agreed that if payment is not received when due and if it is placed with an attorney, certified collection agency, or other avenue of collection, for collection that the undersigned guarantor(s) agrees to pay to you all costs of collection, including a sum equivalent to one-third (1/3) of the amount referred to such collection agency or attorney, which the undersigned guarantor(s) agrees to be just and reasonable, or any court having jurisdiction shall determine to be just and reasonable, which shall immediately be added to the amount due. This guarantee may not be waived orally and shall continue in full force and effect until such a time when you shall receive from the undersigned written revocation and such revocation shall not in any way relieve the undersigned from liability for indebtedness incurred prior to the actual receipt by you at your office of such notice. Said notice should be sent certified mail with return receipt and the signed registry return receipt card shall be the best evidence thereof. The undersigned party agrees that all transactions are governed by the State of Indiana, the county of Whitley. Whitley County, in the State of Indiana, shall be the venue of any court proceedings in relation to collection of debt.

It is also understood that for value received and the further consideration of any credit that you may extend to the premises mentioned in this agreement, the undersigned does (do) hereby guarantee the full prompt payment to you of all indebtedness which the said person or corporation has hereto incurred or does hereafter incur for the purchase of merchandise or services from United Oil Corporation or its authorized agent or representative.

**ALL ACCOUNTS WITH A BALANCE OVER THIRTY DAYS WILL BE ASSESSED A SERVICE CHARGE EQUAL TO 2.0% PER MONTH, AT AN ANNUAL RATE OF 24% A.P.R.**

I (We) hereby certify that I (we) have read this form in its entirety and accept its conditions, and further state all information supplied by the undersigned is true in fact and intent.

**CORPORATION SIGNS HERE**

**INDIVIDUAL SIGNS HERE**

Corporate Name \_\_\_\_\_

Applicant \_\_\_\_\_

Officer \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

**ORGANIZATION OFFICER ACCEPTS HERE:**

The above agreement accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

BY \_\_\_\_\_ (NAME & TITLE)

Printed Name \_\_\_\_\_