

Great Lakes Petroleum CREDIT APPLICATION

APPLICANT INFORMATION *(TO BE COMPLETED BY APPLICANT)*

Company Name:

Fed ID/SS#:

Phone:

FAX Phone:

Invoice Address:

City:

County:

State & ZIP Code:

Customer Contact Name:

Delivery Address *(Required)* :

City:

County:

State & ZIP Code:

NOTICE: IF YOUR APPLICATION FOR BUSINESS OR PERSONAL CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN A COPY OF THE STATEMENT, PLEASE CONTACT US WITHIN 60 DAYS FROM THE DAY YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF THE REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT. THE FEDERAL EQUAL OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT), BECAUSE ALL OR PART OF THE APPLICANT'S INCOME IS DERIVED FROM ANY PUBLIC ASSISTANCE PROGRAM, OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, ECOA COMPLIANCE, WASHINGTON, DC 20581.

Bank Name:

Bank Address:

Phone:

City:

State & ZIP Code:

FAX Phone:

Credit Reference Name:

Credit Reference Address:

Phone:

City:

State & ZIP Code:

FAX Phone:

Credit Reference Name:

Credit Reference Address:

Phone:

City:

State & ZIP Code:

FAX Phone:

Name of Person Responsible for Account *(Required)*:

I UNDERSTAND TERMS FOR PAYMENT ARE NET 30 DAYS, UNLESS OTHERWISE SPECIFIED IN WRITING AND THAT ALL ACCOUNTS NOT PAID WITHIN TERMS ARE PAST DUE AND ARE SUBJECT TO A 1.5% PER MONTH FINANCE CHARGE (18% PER ANNUM) SUBJECT TO CHANGE WITHOUT NOTICE. ALL DELINQUENT ACCOUNTS MAY BE SUBJECT TO COLLECTIONS PROCEDURES. BUYER AGREES TO PAY THE COSTS AND EXPENSES OF COLLECTION OF AMOUNT OF PAST DUE, INCLUDING FINANCE CHARGES, LEGAL EXPENSES, AND ATTORNEY FEES. AUTHORIZED SIGNER AGREES TO ACCOMPANYING TERMS AND CONDITIONS OF SALE.

Name:

Signature:

Date:

SET-UP INFORMATION *(TO BE COMPLETED BY SALES REPRESENTATIVE)*

Sales Representative Name:

Phone:

Estimated Monthly Volume:

FAX Phone:

PRODUCT / SHIPPING / TAX INFORMATION

Is Customer Transport or Tankwagon?

For Office Use:

Is Customer Tax Exempt?
(If Exempt, provide copy of Tax Exemption Certificate)

Customer Class

Product Information? (i.e., LSD, HSD, Gas, Kerosene)

Terms

Shipping: Primary Terminal

Credit Amount