



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

| | | | |
|--------------------------|--------------|--------------|--------|
| Title: | | | |
| Company name: | | | |
| Phone: | Fax: | E-mail | |
| Physical Address: | | | |
| City: | State: | Zip Code: | |
| Mailing Address: | | | |
| City: | State: | ZIP Code: | |
| Date business commenced: | | | |
| Federal Tax ID # | | Tax Exempt # | |
| 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: | |
| Bank name: | | | |
| Bank address: | | Phone: | |
| City: | State: | ZIP Code: | |
| Type of account | Account number | | |
| Savings | | | |
| Checking | | | |
| Other | | | |

LIST OF OFFICERS AND DIRECTORS

| | |
|---|---------|
| President | SS# |
| V. President | SS# |
| Secretary | SS# |
| Registered Agent | Phone # |
| Registered Agent Address | |
| Company Contact for Accounts Receivable | |

BUSINESS/TRADE REFERENCES

| | | | |
|------------------|--------|-----------|--|
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |

GENERAL INFORMATION

Estimated Fuel Purchases Per Week:

Requested Credit Limit:

Number of Cards Requested:

IN ORDER FOR A PROMPT CREDIT REVIEW, PLEASE CHECK OFF TO VERIFY COMPLIANCE

- 1) All requested information is filled out properly and completely
- 2) A recent financial statement is attached
- 3) The personal guaranty has been signed
- 4) A list of authorized users

I AUTHORIZE SADLER BROTHERS OIL CO., INC. TO INVESTIGATE MY CREDIT HISTORY AND TO USE THIS INFORMATION TO ESTABLISH MY ACCOUNT. I AGREE TO MAKE ALL PAYMENTS AND TO PAY ANY AND ALL LEGAL COSTS INCLUDING A FEE OF 25% OF UNPAID BALANCE IF THE ACCOUNT IS TURNED OVER FOR COLLECTION BECAUSE OF FAILURE TO PAY THE BILL. A 1.5% MONTHLY FINANCE CHARGE WILL BE ADDED ON ACCOUNTS UNPAID AFTER 30 DAYS, ALONG WITH A \$25.00 MONTHLY LATE FEE. ALL DISCOUNTS ARE VOIDED IF PAYMENT IS NOT RECEIVED BY THE 20TH OF EACH MONTH. I AGREE THAT THE EMPORIA GENERAL DISTRICT COURT OR THE GREENSVILLE COUNTY CIRCUIT COURT SHALL BE THE PROPER VENUE FOR ANY LEGAL ACTION BROUGHT TO COLLECT ANY PAST DUE SUMS.

IF A POSSIBLE ERROR IS DISCOVERED WITH ANY BILLING, A LETTER NEEDS TO BE SENT TO SADLER BROS. OIL CO., INC. WITHIN 15 DAYS OF THE BILL IN QUESTION. YOUR NAME, ACCOUNT NUMBER, DOLLAR AMOUNT IN QUESTION, AND A DESCRIPTION OF THE SUSPECTED ERROR MUST BE INCLUDED.

UNLESS A LIST OF AUTHORIZED DRIVERS IS MAILED ALONG WITH THIS APPLICATION, YOU MAY BE LIABLE FOR UNAUTHORIZED USE OF YOUR ACCOUNT.

I DO HEREBY AGREE TO THE TERMS AND CONDITIONS OF THIS REQUEST FOR CREDIT.

DUE TO THE RESPONSE TIME REQUIRED FOR WRITTEN CREDIT INQUIRIES TO YOUR BANK AND SUPPLIERS, A MINIMUM 2-WEEK APPROVAL RESPONSE IS EXPECTED.

IN ORDER TO AVOID A DELAY IN THE PROCESSING OF THIS APPLICATION, PLEASE BE SURE TO COMPLETE THIS APPLICATION IN FULL.

Signature and Title

Date

Print Name

I, _____, Residing at _____ for and in consideration of your extending of credit at my request to _____ (Name of company hereinafter called the "Company"), of which I am _____ (Title), hereby personally guaranty to you the payment at 517 North Main Street, Emporia, Virginia 23847, of any obligation of the company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment, and notice of consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature and Title

Date

Print Name

Mailing Address

Slip-in Select
P.O. Box 871
517 North Main Street
Emporia, VA 23847
Phone (434) 634-2127
Fax (434) 634-9908

For Company use only:
Approved By:
Credit Limit:
Account #: