



## COMMERCIAL CREDIT APPLICATION

SALES CONSULTANT: NAME \_\_\_\_\_

FOR THE PURPOSE OF OBTAINING CREDIT, THIS INFORMATION IS SUBMITTED AS OF (DATE) \_\_\_\_\_

ALL DECISIONS WITH RESPECT TO THE EXTENSION OR CONTINUATION OF CREDIT SHALL BE AT THE SOLE DISCRETION OF SIMCOL GROUP, LLC.

TYPE BUSINESS:  CORPORATION (COMPLETE PAGE 1, SECTIONS 1 AND 2 AND PAGES 2 & 3)  
 PARTNERSHIP (COMPLETE PAGE 1, SECTIONS 1 AND 3 AND PAGES 2 & 3)  
 PROPRIETORSHIP (COMPLETE PAGE 1, SECTION 1, AND PAGES 2 & 3)

### SECTION 1

BUSINESS NAME: \_\_\_\_\_  
 DOING BUSINESS AS: \_\_\_\_\_  
 STREET OR P. O. BOX NO. \_\_\_\_\_  
 (BUSINESS): \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 TELEPHONE NO.: \_\_\_\_\_  
 FAX NO.: \_\_\_\_\_

**BILLING ADDRESS:**  
 STREET OR P. O. BOX: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 LINE OF CREDIT REQUESTED: \_\_\_\_\_

ESTIMATED MONTHLY PURCHASES FROM SIMCOL GROUP, LLC IN  
 GALLONS: \_\_\_\_\_  
 GASOLINE: \_\_\_\_\_  
 MIDDLE DISTILLATES: \_\_\_\_\_

HAVE YOU EVER FILED BANKRUPTCY?  
 YES  NO CASE NO.: \_\_\_\_\_

IF YES, ADVISE: \_\_\_\_\_  
DATE COUNTY STATE

**TAX EXEMPT:**  YES  NO  
 IF YES, ATTACH CERTIFICATE(S)

**FEDERAL TAX I.D. NUMBER:** \_\_\_\_\_

DATE BUSINESS BEGAN, OR IF CURRENTLY A PARTNERSHIP OR  
 CORPORATION, DATE FORMED OR INCORPORATED:  
 DATE: \_\_\_\_\_

ARE YOU CURRENTLY DOING BUSINESS WITH ANY OTHER  
 SIMCOL GROUP LLC UNIT:  YES  NO  
 NAME OF UNIT: \_\_\_\_\_  
 ACCOUNT NO.: \_\_\_\_\_

### SECTION 2

**CORPORATION**

CHARTERED IN STATE OF: \_\_\_\_\_  
 NAME & TITLE OF EACH PRINCIPAL:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PARENT FIRM (IF APPLICABLE):  
 \_\_\_\_\_

### SECTION 3

**PARTNERSHIP**

LEGAL NAME OF PARTNERSHIP: \_\_\_\_\_

TYPE OF PARTNERSHIP:  
 GENERAL  LIMITED

LIST NAME, RESIDENCE AND SOCIAL SECURITY NUMBER OF EACH  
 PARTNER BELOW

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/STATE/ZIP:** \_\_\_\_\_  
**SOCIAL SECURITY NO.:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/STATE/ZIP:** \_\_\_\_\_  
**SOCIAL SECURITY NO.:** \_\_\_\_\_



**BANKING REFERENCES (ATTACH ADDITIONAL SHEET, IF NECESSARY)**

**BANK NAME:** \_\_\_\_\_

STREET/BOX NO.: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

BANK CONTACT: \_\_\_\_\_

NAME OF LOAN OFFICER & TITLE

PHONE NO.: \_\_\_\_\_

CHECKING ACCOUNT NO.: \_\_\_\_\_

LOAN ACCOUNT NO.: \_\_\_\_\_

LOAN ACCOUNT NO.: \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_

STREET/BOX NO.: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

BANK CONTACT: \_\_\_\_\_

NAME OF LOAN OFFICER & TITLE

PHONE NO.: \_\_\_\_\_

CHECKING ACCOUNT NO.: \_\_\_\_\_

LOAN ACCOUNT NO.: \_\_\_\_\_

LOAN ACCOUNT NO.: \_\_\_\_\_

**TRADE REFERENCES, INCLUDING PETROLEUM SUPPLIER(S):**  
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

**NAME:** \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

STREET/BOX NO.: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

**NAME:** \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

STREET/BOX NO.: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

**NAME:** \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

STREET/BOX NO.: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

**PERTINENT INFORMATION AND REMARKS:** IT IS VERY IMPORTANT THAT THE CREDIT OFFICE BE FURNISHED WITH ALL AVAILABLE FACTS THAT MAY ASSIST IN THE PROPER ANALYSIS OF THIS APPLICATION. I HEREBY AUTHORIZE SIMCOL GROUP, LLC TO CONTACT ALL BANKS AND TRADE REFERENCES FOR REQUIRED CREDIT INFORMATION NOW AND IN THE FUTURE.

I AGREE TO NOTIFY SIMCOL GROUP, LLC BY CERTIFIED MAIL OF ANY CHANGES IN OWNERSHIP OR THE LEGAL STATUS/STRUCTURE OF THE AFOREMENTIONED BUSINESS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## ELECTRONIC FUND TRANSFER AUTHORIZATION DEBIT/CREDIT AGREEMENT

\_\_\_\_\_  
(CUSTOMER NAME) (TELEPHONE) (FAX)

\_\_\_\_\_  
(CUSTOMER ADDRESS) (CITY) (STATE) (ZIP)

\_\_\_\_\_  
("Customer") hereby authorizes SIMCOL GROUP LLC, other affiliated Companies, and any assignee or successor-in-interest ("Company") entries to Customer's bank account indicated below and the bank named below to debit or credit such transactions to such bank account.

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
ABA NUMBER \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_  
(TYPE ACCOUNT)

This authority shall remain in effect until terminated at the sole discretion of the Company or upon written notice by the Customer received at our office at 3455 Peachtree Road, 5<sup>th</sup> Floor, Atlanta GA 30326. Notice of termination shall in no way affect debit or credit transactions initiated prior to actual receipt of notice.

I (We) hereby authorize debit/credit entries to my (our) bank account, provided, however, such transactions are for properly supported charges due and owing the Company.

All other agreements between Customer and Company remain in effect. It is understood that this authorization is subject to credit approval by Company.

AUTHORIZED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, YEAR \_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME) (SIGNATURE)

\_\_\_\_\_  
(TITLE)

**NOTE:** Obtain correct nine-digit ABA number from your bank.  
Attach Voided Check.