



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 PETROLEUM.

- 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: _____

SECTION 2

CORPORATION

CHARTERED IN STATE OF: _____

NAME & TITLE OF EACH PRINCIPAL:

PARENT FIRM (IF APPLICABLE):

SECTION 3

ESTIMATED MONTHLY PURCHASES FROM SIMCOL

PETROLEUM 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 PETROLEUM UNIT: YES NO

NAME OF UNIT: _____

ACCOUNT NO.: _____

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 PETROLEUM TO CONTACT ALL BANKS AND TRADE REFERENCES FOR REQUIRED CREDIT INFORMATION NOW AND IN THE FUTURE.

I AGREE TO NOTIFY SIMCOL PETROLEUM 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 PETROLEUM, 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 3438 Peachtree Road, Suite 1475, 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.