

MISSOURI PETROLEUM PRODUCTS COMPANY, LLC

APPLICATION FOR CREDIT

Company or Trade Name _____

Address _____ Date of Application ____ / ____ / ____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ Referring Salesperson _____

Check One: Corporation Proprietorship Partnership

Major Business Activity _____

Principal or Owner _____ How Long in Business _____

If in business less than 3 years, who was previous employer? _____

Position held with this Company Owner Officer of Firm
Other (explain) _____

Are you exempt from Missouri Sales Tax? Yes ID# _____ No

Desired Line of Credit \$ _____ (Minimum of \$2,000.00)

TRADE REFERENCES

Office Use Only
Reference Verifications

Name _____

Address _____

City _____ State ____ Zip _____

Phone Number _____

Ref. Contact _____

Date Acct. Est. _____

Hi Credit _____ Pay Rec _____

Terms _____ Other _____

By _____

Name _____

Address _____

City _____ State ____ Zip _____

Phone Number _____

Ref. Contact _____

Date Acct. Est. _____

Hi Credit _____ Pay Rec _____

Terms _____ Other _____

By _____

Name _____

Address _____

City _____ State ____ Zip _____

Phone Number _____

Ref. Contact _____

Date Acct. Est. _____

Hi Credit _____ Pay Rec _____

Terms _____ Other _____

By _____

BANK REFERENCES

Office Use Only
Reference Verifications

Bank _____
Contact _____
Address _____
City _____ State ____ Zip _____
Phone Number _____
Type of Acct. Check Savings Loan
Account Number _____

Ref. Contact _____
Acct? Yes No
Checking Balance _____
Savings Balance _____
Pay Rec _____
NSF Checks Yes No
Other _____
By _____

Bank _____
Contact _____
Address _____
City _____ State ____ Zip _____
Phone Number _____
Type of Acct. Check Savings Loan
Account Number _____

Ref. Contact _____
Acct? Yes No
Checking Balance _____
Savings Balance _____
Pay Rec _____
NSF Checks Yes No
Other _____
By _____

ANSWER THE FOLLOWING:

- | | | |
|--|-----|----|
| 1. Our terms are net (30) thirty days. Will you be able to meet these terms? | Yes | No |
| 2. Are you financially solvent? | Yes | No |
| 3. Do you agree to tell us if you become unable to pay us on time? | Yes | No |
| 4. Have you or your company filed for bankruptcy in the past seven years? | Yes | No |

OFFICE USE ONLY

AUTHORIZATIONS

Sales Dept. Request Line of Credit
\$ _____
Max Credit to be extended
\$ _____

Submitted by _____
(Sales Dept)
Recommended _____
(Credit Dept)
Approved _____
(Treasurer)

Terms of Sale

These are the terms of sale until such time they are revised and proper notice is given.

1. **Net (30) thirty days from invoice date.**
2. **All accounts not paid by the 30th day from invoice date are considered delinquent.**
3. **Past due accounts are subject to service charges of 1 ½ % per month. This amounts to an annual service charge equal to 18%.**
4. **Open accounts are limited to a period of thirty (30) days following the date of purchase and the credit limit set by Missouri Petroleum Products Company, LLC. When accounts are delinquent or exceed this credit line, Missouri Petroleum Products Company, LLC reserves the right to place these accounts on a COD basis. The undersigned further agrees that Missouri Petroleum Products Company, LLC, at its option, may terminate the undersigned's credit privileges.**

The information provided herein is true to the best of my knowledge. I hereby authorize Missouri Petroleum Products Company, LLC to verify the information in whatever way deemed necessary.

I have read the Terms of Sale and agree to pay all amounts due in accordance with these terms. If my account should become delinquent, I agree to pay all legal fees incurred to collect my account, including interest thereon.

If my account should become delinquent, Missouri Petroleum Products Company, LLC shall have the right to withdraw the privilege of open account accommodations and shall have the right to collection by an attorney or other means, either in or out of court.

Signature & Title of Applicant
Company Officer or Owner

Date