



Application for Credit

Applicant Business Name:	Amount of Credit Requested:
Billing Address	Shipping Address
County:	County:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Email:	Email:

Type of Organization: Corporation Partnership Sole Proprietor
 Type State

Federal I.D. Number: _____ D&B Number: _____
 Sales Tax Resale ID Number: _____ (Separate sales tax exemption certificate required)

Bank Reference

Bank Name:	Account Number:
Address	Contact Person:
City, State, Zip	Contact Phone:
	Contact Fax/Email:

Trade References

1 - Name	Phone Number
Address	Fax Number
City, ST Zip	Contact
2 - Name	Phone Number
Address	Fax Number
City, ST Zip	Contact
3 - Name	Phone Number
Address	Fax Number
City, ST Zip	Contact

TERMS: Applicant's signature attests financial responsibility and willingness to pay invoices in accordance with the following terms: ALL INVOICES ARE DUE AND PAYABLE WITHIN 30 DAYS FROM THE DATE OF SHIPMENT. I/We authorize SUNBELT LUBRICANTS, INC. and my bank to verify the information supplied on this application and to receive information both now and in the future, with the application. I/We hereby state that the foregoing information is true and correct. I/We agree to pay all bills in accordance with the terms of SUNBELT LUBRICANTS, INC.. I/we also agree in the event of default of payment which includes but are not limited to any and all, interest due, or to become due, together with any and all costs and expenses, (including but not limited to collection agency fees, attorney fees and court costs) by SUNBELT LUBRICANTS, INC. are the responsibility of the applicant. I have read, understand and accept the above terms, and have provided true information to the best of my knowledge. I further authorize SUNBELT LUBRICANTS, INC. to verify any and all references we have given that may be required to determine our credit capabilities and to request relevant information from credit reporting agencies.

Applicant Signature: _____ Printed Name: _____

Title: _____ Date: _____

Office use only: Approved Not Approved Amount: _____
 By: _____ Date: _____