

Office Use Only: # OF CFN CARDS \_\_\_\_\_  
Type Of Customer: CARD PROCESSING \_\_\_\_\_  
WAREHOUSE \_\_\_\_\_ BULK FUEL \_\_\_\_\_



Office Use Only:  
Account # \_\_\_\_\_  
Approval Date \_\_\_\_\_

P.O. Box 27 | Philadelphia, MS 39350 Office: 601.656.4343 Fax: 601.656.9894 [www.princeoil.com](http://www.princeoil.com)

## Individual/Business Credit Application (Confidential)

### Personal Information:

Business Name: (If applicable) \_\_\_\_\_

Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Soc. Sec.: \_\_\_\_\_

Spouse:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Soc. Sec.: \_\_\_\_\_

Residence:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: (if different from above)

Street or P.O. Box \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ ( ) \_\_\_\_\_

Business Telephone: \_\_\_\_\_ ( ) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

Other Telephone: \_\_\_\_\_ ( ) \_\_\_\_\_

Fax Number: \_\_\_\_\_

**INVOICES AND MONTHLY STATEMENTS WILL BE EMAILED** . Please list the email address or addresses that you wish to receive these and the person's name associated with that email address.

E-Mail Address: \_\_\_\_\_ Person's Name \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Person's Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Spouse's Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Are you a legal U.S. Citizen? YES  NO

Marital Status: Married  Single  Divorced

Amount of Credit Requested \_\_\_\_\_

Have you ever filed for bankruptcy? YES  NO

If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

**Employment Information:**

Present Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_ Length of employment: \_\_\_\_\_  
Spouse's Present Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_ Length of employment \_\_\_\_\_

**Information for Business Accounts:**

Please check only one: Sole Proprietorship  \*Corporation  Partnership

\*(If Corporation, provide a copy of the Articles of Incorporation issued by your Secretary of State. If an LLC, provide a copy of the Certificate of Formation issued by your Secretary of State.)

If corporation, list officers and principals: \_\_\_\_\_.

If partnership, list members: \_\_\_\_\_.

Federal Employer Identification Number \_\_\_\_\_

Tax Exemption Number (if applicable) \_\_\_\_\_ (Please attach Certificate)

Name of person to contact for payment: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone # \_\_\_\_\_

**Bank Reference: (My signature below grants permission to release banking and credit information to Prince Oil.)**

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Bank Checking Account #: \_\_\_\_\_ Bank Contact Name: \_\_\_\_\_

Do you have any loans? YES  NO  If yes, check one: Secured  Unsecured

**Credit References:**

- |                |                         |
|----------------|-------------------------|
| 1. Name: _____ | Phone Number: ( ) _____ |
| Address: _____ | Contact Person: _____   |
| 2. Name: _____ | Phone Number: ( ) _____ |
| Address: _____ | Contact Person: _____   |
| 3. Name: _____ | Phone Number: ( ) _____ |
| Address: _____ | Contact Person: _____   |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

PERSONAL GUARANTEE

ACCOUNT:

NAME:

ADDRESS:

For the purpose of extending credit to the above named account by Prince Oil Company, Inc., and in consideration thereof, I, the undersigned personally and individually guarantee to pay any debt owed or any balance due on the account of said debtor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# PRINCE OIL COMPANY, INC.

Company ID: 640578529

## AUTHORIZATION AGREEMENT *for* DIRECT PAYMENTS

I (we) hereby authorize PRINCE OIL COMPANY, hereinafter called COMPANY, to initiate debit entries to my (our)  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of U.S. law.

**In the event the draft is rejected and returned to COMPANY by my (our) bank for any reason (insufficient funds, account closed, etc.), I (we) accept responsibility to remit payment to COMPANY in a timely manner upon notification.**

Depository (Bank) Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

T/R Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Account Owner's Name(s) *(Please Print)*: \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY:

STORE NAME: \_\_\_\_\_ STORE NUMBER: \_\_\_\_\_

Please attach a voided check.