



BULK PLANT
P.O. Box 82288
Bakersfield, CA 93380-2277
Phone: 661-327-4900
Fax: 855-894-5400

FOR OFFICE USE ONLY

Salesperson _____
Approval _____
Date _____
Credit Limit _____
Price Level _____
Terms _____

BUSINESS ACCOUNT APPLICATION

1 Choose Your Company Type

- Sole Ownership
 Partnership
 Limited Liability Company (LLC)
 Corporation
 Limited Partnership

2 Enter Your Account Information

Company Name * _____

Street Address * _____

City State Zip *

Phone Number *

Website

Type of Business

Length of time in business Years Months

Bank Name *

Bank Address *

Account Number

Contact

Phone Number

Business License #

Contractors License #

Federal I.D. # *

Other

3

Credit References

Company Name *

Address

Phone Number

Account Number

Company Name *

Address

Phone Number

Account Number

Company Name *

Address

Phone Number

Account Number

4

Person/Department to contact regarding account & billing information

Name * _____

Phone Number * _____

Title _____

E-mail Address * _____

Fax Number * _____

As a principal of *

I authorize and request **Wholesale Fuels, Inc.** to consider my company's account and authorize my personal and company creditors and business references to provide information to **Wholesale Fuels, Inc.** as required in conjunction with this application.

Undersigned represents to **Wholesale Fuels, Inc.** that it is a commercial account and the fuel is being used for commercial purposes.

The undersigned agrees to pay all charges within the terms of our billing which are net 30 days on all tank wagon deliveries, packaged products and drum products. All truck and trailer deliveries are due net 10 days from delivery date, unless other terms are arranged in advance. In the event said charges are not paid, then the undersigned agrees to pay **Wholesale Fuels, Inc.** a service charge of 1 1/2% per month on the unpaid balance. In the event of failure to make payment within the terms of our billing, **Wholesale Fuels, Inc.** may refuse to permit charges to be incurred on the account. Delivery of products to the undersigned's facilities or trucks may be made without obtaining signatures upon delivery. The undersigned agrees that if the undersigned's account is referred for collections or in the event it becomes necessary to file suit, the undersigned will pay reasonable attorney's fees and costs of collection. The undersigned agrees that the jurisdiction for any dispute under this contract will be County of Kern, State of California.

Signature and Title * _____

Date *

Principal(s) Name * _____

Social Security # * _____

Address * _____

The undersigned consents to **Wholesale Fuels, Inc.** obtaining a consumer report on the person signing as "Principal" of said business for the purpose of evaluating the credit worthiness of said "Principal" in connection with this business application.

Signed (Principal) * _____

Date * _____

5 Personal Guarantee

The undersigned hereby guarantees to **Wholesale Fuels, Inc.** the prompt payment, when due, of every claim (including, but not limited to service charges, reasonable attorney's fees and costs) to **Wholesale Fuels, Inc.** which may hereafter arise in favor of **Wholesale Fuels, Inc.** against the customer. The undersigned agrees to pay reasonable attorney's fees and all other costs and expenses which may be incurred by **Wholesale Fuels, Inc.** in the enforcement of the Guarantee. This Guarantee is binding upon the undersigned and the undersigned's legal representatives and shall insure to the benefit of **Wholesale Fuels, Inc.,** its successors and assigns. The undersigned consents to **Wholesale Fuels, Inc.** obtaining a consumer credit report on the person signing this Personal Guarantee for the purpose of evaluating credit worthiness of said Guarantor, in conjunction with this application for business credit.

Signature _____

Date _____

Social Security # _____

Home Address _____

6 If partnership/Limited Partnership/LLC, enter supply partners/members information

Name _____

Title _____

Social Security # _____

Name _____

Title _____

Social Security # _____

Name _____

Title _____

Social Security # _____