# COMMERCIAL CREDIT APPLICATION

Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ _____ Fax_____

Company Structure: Sole Proprietor Partnership Corporation

Principals Name (s) _____

SSN: _____ Years in Business _____

Bank Name _____

Address _____ Phone Number _____

Bank Officers Name _____

Type of Accounts - Checking _____Operating Loan _____Savings_____

## THREE MAJOR SUPPLIERS

Name _____ Phone _____

Address _____Contact _____

Name _____ Phone _____

Address _____Contact _____

Name _____ Phone _____

Address _____Contact _____

**Notice to customers**-Your signature at the bottom of this page confirms that:
The information you have supplied is correct as of the date shown below and do hereby agree to our firm's credit terms.
You authorize Blick & Blick Oil, Inc. to contact the credit references listed above, and other sources deemed necessary by Blick & Blick Oil, Inc. for the purpose of establishing an account with Blick & Blick Oil, Inc.
You authorize sources referred to above to release information requested.

_____ _____ _____
Signature Title Date