

**Don Small and Sons Oil Dist. Co., Inc.**

112 3<sup>rd</sup> NW P.O. Box 626  
Auburn, Washington 98001  
Office (800) 626-3213, Fax (253) 854-0457

**COMMERCIAL CREDIT APPLICATION**

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business:  Sole Proprietorship  Partnership  Corporation

If Corporation, give State of Incorporation: \_\_\_\_\_

Corporate Federal I.D. Number: \_\_\_\_\_

Resale:  Yes  No Washington Resale Number: \_\_\_\_\_

List all Owners (Sole Proprietorship, Partners, President, Vice President and Treasurer)

1. Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS#: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS#: \_\_\_\_\_ Home Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSNumber: \_\_\_\_\_ Home Phone: \_\_\_\_\_

This information is provided to you for the purpose of obtaining Commercial Credit. You and the references noted on the reverse side are authorized by me/us to exchange any information necessary in relation to this application, and are held harmless by me/us for this purpose.

If granted credit, I/we agree to pay our account with the terms on the face of the invoice. If paid late I/we agree to pay the finance charge that will be added to the account in the amount stated on the face of the invoice. I/we further agree to pay the balance due, finance charges, reasonable attorney's fees, and collection costs as may be fixed by the court or courts in which suit or action, including any appeal therein, is tried, heard, or decided.

Dated This \_\_\_\_\_ Day Of \_\_\_\_\_ 20\_\_.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**(Please fill-in reverse side)**

## Bank References

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
Address: \_\_\_\_\_ Account No: \_\_\_\_\_  
Account Rep: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_

## Trade References

(So that we may serve you more efficiently, please list only that references that you use on an ongoing open account basis.)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Credit Agreement

It is agreed that if payment is not received when due and if it is placed in the hands of an attorney or collection agency for collection, the undersigned guarantor(s) agree to pay all costs of collection, including reasonable attorney's fees and/or any other amount which a court having jurisdiction shall determine to be just and reasonable which shall be immediately added to the amount due. This guaranty shall not be altered, modified, terminated or waived orally and shall continue in full force and effect until such time as you shall receive from the undersigned written notice of revocation. Such revocation shall not in any way relieve the undersigned from liability for any indebtedness incurred prior to the actual receipt by you at your office as shown on this document of such notice, and the signed certified mail return receipt card shall be best evidence thereof. Further it is understood that for value received and further consideration of any credit that you may extend to the premises mentioned in this agreement, the undersigned does (do) hereby guarantee the full and prompt payment to you of all indebtedness which the said person or corporation has heretofore incurred or does hereafter incur for the purchase of merchandise from your firm or it's authorized representative. I (we) hereby certify that I (we) have read this form thoroughly on both sided and accept the terms and conditions herein contained that further state that all information supplied by me (us) is true and correct.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

CORPORATION:

INDIVIDUAL

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Name of individual

By: \_\_\_\_\_  
Signature Authorized Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Personal Signature of Owner/Officer  
(Guarantor)