



Jack Green Oil Company, Inc

P.O. Box 7040

Oxford, AL 36203

256-831-1038 / Fax: 256-831-5705

Wholesale Credit Application

Name of Company _____

Mailing Address _____

Street Address _____

City _____ **State** _____ **Zip** _____ **Phone#** (____)-____-____

Name of Individual to Contact _____ **Fax#** (____)-____-____

Please Check Appropriate Box Below: **Email:** _____

Proprietorship **Partner** **Corporation** **LLC**

Credit References

1 Name _____ Account # _____

Street _____

City _____ State _____ Zip _____ Phone# (____)-____-____

Person to Contact _____ Fax # (____)-____-____

2 Name _____ Account # _____

Street _____

City _____ State _____ Zip _____ Phone# (____)-____-____

Person to Contact _____ Fax # (____)-____-____

3 Name _____ Account # _____

Street _____

City _____ State _____ Zip _____ Phone# (____)-____-____

Person to Contact _____ Fax # (____)-____-____

Previous Fuel Supplier

Name _____ Account # _____

Street _____

City _____ State _____ Zip _____ Phone# (____)-____-____

Person to Contact _____ Fax # (____)-____-____

Name of Current Bank(s)

Name _____ Account # _____

Street _____

City _____ State _____ Zip _____ Phone# (____)-____-____

Person to Contact _____ Fax # (____)-____-____



STATEMENT OF TERMS AND CONDITIONS OF SALE:

All products are sold on a “delivered” basis (freight and cartage costs are included in our selling price). A delivery ticket or invoice is left with the customer at the time of delivery.

Payment terms for all on-site gasoline/fuel deliveries are Net 10 from the Delivery/Invoice Date. Additional fees may be incurred due to delivery issues.

Payment terms for all lubricant sales/deliveries are Net 10th of the Month.

Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and release all banks, persons and companies listed on this application to furnish information and authorizes checking of credit. The undersigned agrees to pay all collection costs, court cost, and legal fees incurred to collect delinquent balances.

Electronic Funds Transfer (EFT) will be used to ensure that payment is received on the date due.

PERSONAL GUARANTEE:

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Understanding

I, the credit applicant or authorized agent of the credit applicant, have read the above application in its entirety. I have had an opportunity to ask questions about any portion I did not understand, and all those questions have been answered.

I fully understand the terms and conditions of sale and, if any credit is granted by JACK GREEN OIL COMPANY, INC., I agree to abide by all the terms and conditions.

Printed Name of Credit Applicant/Officer

Date Signed

Signature of Credit Applicant/Officer

Date Received by Jack Green Oil Company, INC.

Social Security # of Applicant or Federal I.D. #

Received by

State: _____ DL# _____
Driver’s License Information (Need Copy on File)

Approved by

Date Approved



ADDENDUM TO CREDIT APPLICATION

The undersigned agrees that should my credit account with Jack Green Oil Company, Inc. become delinquent in an amount equal to one month's payment for more than thirty (30) days, that Jack Green Oil Company, Inc., shall have the right, authority and permission to charge the full balance remaining due under said account to the credit card(s) referenced below.

I further agree that should said account become delinquent as aforementioned, that I shall be entitled to no notice prior to Jack Green Oil Company, Inc., exercising its rights under this agreement.

Account Name: _____ Account #: _____

Card Type: _____ (Visa, MC, Discover, AMEX)

Account Number: _____

Expiration Date: _____

Card Type: _____ (Visa, MC, Discover, AMEX)

Account Number: _____

Expiration Date: _____

Applicant Signature

Printed Name of Applicant

Date Signed



Customer Account Setup Information

Name: _____

Billing Address: _____

Contact Info: Name: _____

P.O. Required: Y N EOC Statement: Y N 1099 Required: Y N

FEIN #: _____ State Sales Tax #: _____

County Sales Tax #: _____ City Sales Tax #: _____

Delivery Locations

Name: _____

Street Address: _____

Contact Info: Name: _____ Phone: _____

Tax Jurisdictions City: _____ County: _____ State: _____

Within City Limits: Y N Police Jurisdiction: Y N (i.e. What sales tax do you pay?)

Products: 87 89 93 DSL DYED DSL K1 E10 CONV Please circle
Monthly Volume in Gallons: _____

Name: _____

Street Address: _____

Contact Info: Name: _____ Phone: _____

Tax Jurisdictions City: _____ County: _____ State: _____

Within City Limits: Y N Police Jurisdiction: Y N (i.e. What sales tax do you pay?)

Products: 87 89 93 DSL DYED DSL K1 E10 CONV Please circle
Monthly Volume in Gallons: _____

Completed By: _____ Date: _____

- **GET COPY OF DRIVER'S LICENSE AND/OR PASSPORT** fax copies will NOT be accepted