



www.rastalloil.com

Regional Manager: _____

Date: _____

CREDIT APPLICATION

COMPANY

Firms Legal Name: _____ Parent Company: _____
 Street Address: _____ Type of Business: _____
 City: _____ Years of Business: _____
 State: _____ Zip Code: _____ Federal Tax ID: _____
 Telephone: _____ Fax Number: _____ Annual Sales: _____
 Billing/Invoice Email Address: _____
 A/P/ Contact Name: _____ Telephone: _____
 A/P Email Address: _____ A/P Telephone: _____
 Purchasing Agent: _____ P.O. Required: Yes No
 Proprietorship: Partnership: Corporation: LLC:

(For the Proprietorship or Partnership)

FULL NAME OF OWNER(S); LIST HOME ADDRESS AND SOCIAL SECURITY NUMBER

Name	Home Address	City	State/Zip	SS#
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

TRADE REFERENCES:

Company Name	Contact	Address	City	State/Zip	Telephone
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

BANK REFERENCES:

Name of Bank: _____ Account#: _____ Contact: _____ Tel. _____
 Street Address: _____ City: _____ State/Zip: _____
 Name of Bank: _____ Account#: _____ Contact: _____ Tel. _____
 Street Address: _____ City: _____ State/Zip: _____

If credit is granted, I/We understand that the terms of the sale are NET 7 days from date of invoice. Invoice repayment shall be by automatic withdrawal of funds via Electronic Fund Transfer. All invoices and ticket backup may be obtained off our website. K.W. Rastall and its affiliates may charge interest on any past due balance at the rate of 1.5%, per month with said interest being calculated from the date of default. In the event that this account is placed with a third party for collection, I/We agree to pay all reasonable costs of collection, including attorney's fees, court costs and finance changes.

For value received, in consideration of K.W. Rastall and its affiliates extending credit to the above business, the undersigned do each (jointly and severally) unconditionally personally guarantee the prompt payment of all goods, wares and merchandise supplied to me/us and/or the above business pursuant to the terms described herein. In the event that the account is placed with a third party for collections, I/We agree to unconditionally personally guarantee payment of all reasonable costs, including attorney fees, court costs and finance changes.

I/We authorize K.W. Rastall and its affiliates to investigate our credit history, bank references and any information deemed necessary to extend credit. I/We agree to: (i) immediately notify K.W. Rastall in writing of any change in ownership, form of business, or address, or the termination of a persons authority to incur charges under the account on behalf of the applicant; and (ii) indemnify K.W. Rastall for any loss incurred thereby as a result of our failure to provide said written notice. This agreement shall remain in full force and effect until written notices of revocation by K.W. Rastall. This agreement is intended to take effect as a sealed instrument.

 Authorization Signature (Individually) Print Name Authorized Signature Print Name
 Date: _____ Title: _____ Date: _____