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FAX (509) 245-3153

P O Box 1279  
CHEWELAH, WA 99109  
PH: (509)935-8095  
FAX (509) 935-4431

P O BOX 117  
LATAH, WA 99018  
PH: (509)286-3012  
FAX (509)286-3360

**CREDIT APPLICATION**

INDIVIDUAL/COMPANY APPLICANT NAME: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

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

BILLING ADDRESS: Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

***Check the Appropriate Box and Provide Information Requested:***

Single Entity  Partnership  LLC  Corporation  Fed ID # \_\_\_\_\_

WA Reseller Permit #: \_\_\_\_\_

Please attach a copy of the WA Resellers Permit if applicable.

Type of Business \_\_\_\_\_ How Long in Business \_\_\_\_\_

***Please List names and Addresses of Partners or Corporate Officers:***

NAME	ADDRESS	PHONE NUMBER

**Personal Information:**

Owner/Manager:

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

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

Home Phone: \_\_\_\_\_ Social Security# \_\_\_\_\_ DOB \_\_\_\_\_

Email: \_\_\_\_\_

Spouse if part owner: Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Name and Address of nearest relative not living with you:

**Bank Information:**

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Checking Account # \_\_\_\_\_ Routing # \_\_\_\_\_

**Primary Suppliers:**

COMPANY NAME	CONTACT NAME	TELEPHONE	FAX/EMAIL
1.			
2.			
3.			
4.			

**Trade References:**

Trade Reference: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated Monthly Products & Gallons:

\_\_\_\_\_

**AGREEMENT & GUARANTEE**

I have made the above statements for the purpose of obtaining credit. I certify they are true and authorize you to make credit investigations. Billing shall be load to load or payment due in full within 10 days of invoice date unless otherwise agreed upon. I agree to pay a late charge of 1.75% per month (21% per year) or \$1.00 minimum on any delinquent balances. Notwithstanding that this account is established in the name of a Company, I personally guarantee payment of the account. In the event of default, I agree to pay reasonable attorney's fees and costs of collection and venue of any litigation shall be Spokane County, Washington.

SIGNED: \_\_\_\_\_

PRINTED NAME:

\_\_\_\_\_ :

**Terms and Conditions:**

It is agreed the buyer will pay all invoices within the stated terms and agrees to all terms contained in invoices supplied by seller as may be amended from time to time.

Buyer further agrees that any line of credit desired or approved is not a limitation of liability, and the undersigned expressly agrees that it will be responsible for valid charges in excess of a line of credit either desired or approved.

Having obtained all necessary authority, the undersigned authorizes seller and its agents, attorneys and employees to investigate the credit standing, financial circumstances and responsibility of buyer and authorizes and instructs all persons having information concerning buyer's credit standing, financial circumstances and responsibility to release such information to seller, its agents, attorneys or employees.

The buyer further grants to seller a security interest in buyer's equipment, contract rights, inventories, receivables and proceeds of sales as collateral to secure the buyer's performance of all obligations. The buyer hereby appoints any employee, agent, or attorney of seller as buyer's attorney in fact to endorse and file on behalf of buyer any UCC 1 form to perfect or record the security interest.

All the information supplied by buyer is correct to the best of the knowledge of the undersigned, and the buyer understands that all goods or services purchased from seller are subject to all terms and conditions contained in this credit application and agreement and all other terms and conditions contained on any of the seller's invoices.

**By: Title:** \_\_\_\_\_

**Signature: Date:** \_\_\_\_\_

**Invoice Presentation** \_\_\_\_\_

JMT CORP, dba JMT PETROLEUM can present invoices to your firm via mail, fax or email or any combination thereof. Please indicate how your firm would prefer invoices to be presented by checking a presentation method below and providing the relevant information.

Mailing Address:

Email Address:

Fax