

IMT PETROLEUM

**P O BOX 237
SPANGLE, WA 99031**

**PH: 509-245-3297
PH: 509-935-8095**

**P O BOX 1279
CHEWELAH, WA 99109**

FAX (509) 935-4431 / 509-245-3153

CREDIT APPLICATION

CARDLOCK _____ LUBES _____ OIL _____ BULK FUEL _____

FULL NAME OF FIRM/INDIVIDUAL:

MAILING ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

STREET ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **FAX:** _____ **EMAIL:** _____

CHECK THE APPROPRIATE BOX AND PROVIDE INFORMATION REQUESTED:

SINGLE ENTITY PARTNERSHIP LLC CORPORATION **FED ID #** _____

WA RESELLER PERMIT/ FARMER EXEMPTION CERTIFICATE #: _____ **(ATTACH COPY)**

TYPE OF BUSINESS _____ **HOW LONG IN BUSINESS:** _____

PLEASE LIST NAMES AND ADDRESSES OF PARTNERS OR CORPORATE OFFICERS:

PERSONAL INFORMATION:

OWNER/MANAGER: _____ **TITLE:** _____

HOME ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **SOCIAL SECURITY #** _____ **DOB** _____

EMAIL: _____

NAME AND ADDRESS OF REALTIVE/FRIEND: _____

BANK REFERENCE:

BANK ADDRESS _____ **PHONE** _____ **FAX** _____ **CONTACT** _____

TRADE REFERENCE: _____ **ADDRESS:** _____ **PHONE:** _____

CURRENT PETROLEUM SUPPLIER: _____ **PHONE:** _____

ESTIMATED MONTHLY PRODUCTS & GALLONS:

PERSONS TO CONTACT REGARDING ARRANGEMENT OF CARDS:

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: _____