DUTCH LUBRICANTS
P.O. BOX 2365
COLUMBUS, MS 39704-2365
HOME OFFICE: COLUMBUS-PHONE (662) 327-0228/ FAX (662) 327-7159

FAX BACK TO: 662-327-7159

COMMERCIAL CREDIT APPLICATION

Business Name: _____DBA: _____
Street Address: _____
City: _____State:_____ Zip Code: _____Telephone: _____
Billing Address: _____FEI#: _____
City: _____State: _____Zip Code: _____ Telephone: _____
Name and Title of Partner, Proprietor or Officer: **(PLEASE SEND A COPY OF THESE CERTIFICATES:)**
_____**SALES TAX EXEMPT#-**_____
Social Security Number: _____**LUBE TAX EXEMPT #-**_____
Current Home Address: _____
City: _____State: _____ Zip Code: _____Telephone: _____
BANK REFERENCE:
Bank Name: _____Branch: _____
Street Address: _____
City: _____State: _____Zip Code: _____Telephone: _____
Account Number: _____Type of Account: _____
OTHER TRADE REFERENCES:

1. Company Name: _____Contact: _____
   Street: _____
   City: _____State: _____Zip Code: _____Telephone: _____

2. Company Name: _____Contact: _____
   Street: _____
   City: _____State: _____Zip Code: _____Telephone: _____

3. Company Name: _____Contact: _____
   Street: _____
   City: _____State: _____Zip Code: _____Telephone: _____

BUSINESS TYPE: (Circle One)
Sole Proprietorship Partner Association Corporation Division of: _____
Primary Product/Activity:
_____
Incorporated Under State Law of: _____
Year Established: _____ Parent Company: _____
Time at present Location: _____
Have ever filed Bankruptcy: _____YES _____NO If so, Date: _____
Amount of Credit Desired? _____

I acknowledge and agree that interest at the rate of 1 ½% per month will be charged on all balances remaining unpaid after 30 DAYS from the date said amounts are billed.
In the event of default and referral to an attorney or collection agency, I agree to pay all costs of collection including reasonable attorneys fees.
I understand that the above information is given for the purpose of obtaining credit and I certify that, to the best of my knowledge, the above information is complete and accurate as of the date of this application.

_____
Title Date Signature

Office Use Only_____
Credit Approved: _____Credit Limit: _____
Credit Refused: _____ Reason: _____