

APPLICATION FOR AN ACCOUNT WITH

U.S. OIL COMPANY

P O Box 191
Fall River, Ma. 02722
Phone: 800-225-8150
Fax: 508-678-3252

Business Name: _____

Address: _____

City, State & Zip _____

Telephone: _____ Fax: _____

Individual responsible for paying Invoices: _____

Type of Business Activity _____

Corporation Partnership Ltd. Partnership Individual

If a Corporation, when Incorporated? _____ In what State? _____

Tax Exempt? Yes _____ **No** _____ If yes, please attach a copy of Tax Exempt Certificate

D & B # _____ Federal ID # _____

The Principal owners or Stockholders and Officers are:

<u>Name</u>	<u>Address</u>	<u>City, State & Zip</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Information

Name of Bank: _____ Branch: _____

Address: _____

Contact: _____ Telephone: _____

Account Number(s)

TRADE REFERENCES

1. Name: _____

Address: _____

Telephone: _____ Fax: _____

Contact: _____

2. Name: _____

Address: _____

Telephone: _____ Fax: _____

Contact: _____

3. Name: _____

Address: _____

Telephone: _____ Fax: _____

Contact: _____

4. Name: _____

Address: _____

Telephone: _____ Fax: _____

Contact: _____

Estimated Monthly Requirements: _____

Note: Over \$ 5,000 requires a Financial Statement.

Financial Statement Attached? Yes ___ No ___

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CREDIT APPLICATION

The above information is correct. The undersigned agrees to pay for all merchandise ordered according to the terms stated on the invoice(s). If any amounts are not paid within such terms, they shall be considered delinquent. The undersigned agrees that U.S. Oil Company may assess a finance charge on all delinquent amounts at the lower of one and one-half percent (1-1 ½%) per month or the highest rate allowed by law. Additionally, the undersigned agrees to be liable for U.S. Oil Co.'s reasonable collection cost and attorney fees should a delinquent account be referred to a third party for collection.

AUTHORIZED SIGNATURE _____

PRINT NAME: _____

HOME ADDRESS: _____

DATE: _____