

**RADIO OIL CO., INC.  
BUSINESS CREDIT APPLICATION**

Applicant / Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ownership:  Corporation  Partnership  Sole proprietor TIN: \_\_\_\_\_ Years in business: \_\_\_\_\_

Tax Exempt?  Yes  No (If yes, please include resale or exempt use certificate with application)

**IF Corporation, list officers; if Sole Proprietor or Partnership, list owners:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

**Trade References**

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Bank Reference**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Account Number \_\_\_\_\_ Contact: \_\_\_\_\_

Applicant understands that by signing this application he or she is authorizing RADIO OIL CO., INC. to investigate the applicant's credit history. Applicant also understands that balances not paid when due are subject to interest at the rate of eighteen percent (18%) per year (1-1/2% per month). Applicant agrees that if payment is delinquent and this account is sent to an attorney for collection, a liquidated attorney fee in the amount of \$225.00 will be added the applicant's account balance in addition to any additional attorney or court fees assessed by a court. Applicant also understands that it is their responsibility to provide RADIO OIL CO., INC. with any federal, state, or local tax exemption certificates with regard to tax-exempt status for sales, use, or excise taxes. Applicant agrees to be responsible for any taxes, now or later, imposed.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Inter Office Use Only

DATE: \_\_\_/\_\_\_/\_\_\_

CREDIT LIMIT: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_