



HWRT OIL COMPANY, LLC



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FAX 618-254-0744

800-642-4815
www.hwrtoil.com

314-355-5120

CREDIT APPLICATION

Trade Name _____ Business Phone _____

Physical Address _____ Fax Phone _____

City, State, ZIP _____ Email for Draft Notices _____

Mailing Address _____ Email for Invoicing _____

City, State, ZIP _____ Email for Price Transmissions _____

Type of Business _____ Year Started _____ DTN -TID # for Price Transmissions _____

- C Corporation Partnership Individual
- S Corporation LLC Other _____

***** IDENTIFICATION NUMBERS *****

Officers or Owners _____ FEDERAL EIN / SSN _____

Name of Bank _____ Desired open line of credit with HWRT _____

Person to Contact _____

Bank Account No: _____ Bank Phone Number: _____

In consideration for an open line of credit, HWRT requests a copy of the Applicant's most recent financial statement.

References: List at least three places where you buy on open account.

1) Name _____ Address _____ Phone _____

2) Name _____ Address _____ Phone _____

3) Name _____ Address _____ Phone _____

Have you been in business before? Yes No If yes, please complete the following:

Name of previous business or employer: _____

Address of previous business or employer: _____

Dates: From _____ To _____

ACCEPTANCE AND GUARANTEE OF ABOVE ACCOUNT

I / We hereby request open account terms with your company and all its direct and indirect affiliates. In consideration of the extension of credit to our account, I or we individually, jointly and severally guarantee full and complete payment of the account including a service charge of one and one half percent (1½%) per month on all past due invoices. All invoices not paid by the end of the month following date of purchase are considered past due and the one and one half percent (1½%) monthly service charge shall accrue. We further agree to pay all expenses of collection, including court costs and reasonable attorney's fees should it become necessary to refer the account for collection.

Signed _____ Date _____

Signed _____ Date _____

Witness _____ Date _____

Please submit copies of all State issued Licenses