



# HWRT OIL COMPANY, LLC



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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