

## COMMERCIAL CREDIT APPLICATION BIG RIVER OIL COMPANY

Firm Name:			Date:	<del></del>	
Business type:	Corporation	Partnership	Sole Proprietor		
Principal Owner:	Home Telephone:     (Street)   (City)   (State)   (Zip)				
Any Additional De	livery Addresses:		(State)		
Rusiness Telenho	(II dilierent)	Rusings Fav		***************************************	
FEIN:		Business Fax	No.		
Email address:		and/or Social Security No Receive billing by e-mail: Y / N			
Type of Business:		· · · · · · · · · · · · · · · · · · ·			
	I prefer	to pay at the time of serv	vice or before		
Monthly credit req	juested: _\$	Number of yea	urs in business:	_	
Bank Name/Branc	h/Address:	,			
Fax No.:	Conta	act Person:	Phone:		
COMMERCIAL RE					
reichnone igninne	il •	Fax N	umber:		
COMMERCIAL RE	FERENCE:				
Telephone Numbe	r:	Fax N	umber:	<del></del>	
ADDRESS:	TENENOE.				
Telephone Numbe	r:	Fax N	umber:	<del></del>	
E-MÀIL ADDRESS	1				
unions, credit cards and BILLING INFORMATION BE PAID FROM ORIGIN ANNUAL PERCENTAGI granted, customer agree FURTHERMORE, by sig for credit approval. The type(s) of services render	utilities.  N. TERMS: Lubes & Fuel N  IAL INVOICE. Monthly state  E RATE 18%. CREDIT IS  is to pay all legal and colle  ning this agreement custom  customer also acknowledg  red.	ences OTHER THAN gas stations, let 30 days. Propane – Net 30 Da ements are only sent upon reques TERMINATED IMMEDIATELY I ction costs pertaining to the colle let is approving the release by abo es they gave been given the priv	ys – Kardlock – Net 10 <sup>th</sup> prox. At 1 ½% per month finance chains the secount BECOMES DEL ctions of this account should the credit references of all credit	ALL CHARGES MUST rge on unpaid balance. INQUENT. If credit is nat become necessary. Information necessary	
PLEASE CHECK TH	COMPLETED READ AND IE SERVICE(S) FOR V	VHICH YOU WOULD LIKE O	CREDIT APPROVAL:		
KARDLOCK	(number of cards	(Estimate of Monthly gallo needed)			
AUTHORIZED OFFI	CER SIGNATURE	PRINT NAME/TITLE	; DA	TE	
**************************************	·*************************************	FOR OFFICE USE***********************************	.************************************	******	
COMMENTS:	· •	CREDIT DENIED	PAIL		
			DV.		

THIS AGREEMENT made and	entered into this day of					
20, by and between	, a	Corporation, hereinafter referred to as einafter referred to as the Customer,				
the Company, and WITNESSETH:	, ner	einafter referred to as the Customer,				
	to have extended credit	for purchase of petroleum products from				
the Company and desires that credit be extended on the signature of officers, agents, servants, and						
employees of customer.  Now therefore be it agreed to	hat the company agree	es to extend credit as requested by the				
Now, therefore, be it agreed that the company agrees to extend credit as requested by the customer and will accept until notified to the contrary, in writing, the signature presented for credit by such						
persons who have the authorization and approval of the customer to sign for credit.						
The customer agrees to pay all accounts per terms on reverse, and in consideration of the extension of credit agrees to indemnity and hold harmless the company of any loss, damage or expense						
resulting from this extension of credit.						
Mailing by ordinary mail with postage prepaid to the customer shall be sufficient evidence of the						
extension of credit. Any objection to the accuracy of the account or validity of signatures of the officer, agent, servants, or employees of the customer shall be made within ten (10) days after receipt of the						
account. Failure to object in writing specifying any objection shall be conclusive evidence of the accuracy						
of the billing and authorization of the purchaser to act for the customer.						
This agreement is binding to the heirs, executors, administrators, and successors of the parties hereto on the day and year first above written.						
. ,						
I prefer to pay at the time of service or before						
COMPANY: BIG RIVER OIL CO.	COMPANY	�				
		* · · · ·				
BY:	BY:					
Title:	Print Name:					
	_					
Return form by:						
Mail or	Fax	or <u>E-mail</u>				
	(573) 248-1132	ap@bigrivercompanies.net				
Hannibal, MO 63401	(573) 221-1640	ar@bigrivercompanies.net				

06/18