



CITILUBE, INC / PO BOX 273, ATLANTIC BEACH, NY 11509 TEL:(800)222-0809 / FAX:(800)585-9474

APPLICATION FOR LUBRICANTS COMMERCIAL CREDIT

Please type or print correctly and completely the information requested below. Use a separate sheet for additional information, if necessary.

Please Fax To: (800)585-9474 Att:Lubes Credit Manager MONTHLY PURCHASES (Estimate of volume in gallons):

CUSTOMER INFORMATION

Business Name (Full Legal Name):

Trade Name (DBA):

Billing Address: (P.O. Box) City: State: Zip:

Street Address: City: State: Zip:

Chief Financial Officer Name: Phone Number: Accounts Payable Manager: Phone Number: Fax Number: Email Address:

Tax Information Contact: Phone Number: Federal Tax ID Number: Requested Credit Line:

Type of Business: Corporation Sub Chapter S Corporation Partnership Sole Proprietor Limited Liability Partnership/Corp. How Long in Business: Nature of Business:

CONTROLLING OWNERSHIP INFORMATION

Name: Address: City: State: Zip: SS#:

Name: Address: City: State: Zip: SS#:

Name: Address: City: State: Zip: SS#:

Name: Address: City: State: Zip: SS#:

FINANCIAL INFORMATION

Fiscal Year-End (Month/Day): ____/____

Please attach your most recent three fiscal year-end financial statements, including a Balance Sheet, Income Statement, and all accompanying notes. Please include interim statements when prior fiscal years are not yet completed. If a closely held corporation, please attach principal(s) Balance Sheet(s).

REFERENCES

Bank Reference: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Account Number(s): _____
 Contact: _____
 Phone Number: () _____ - _____

Bank Reference: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Account Number(s): _____
 Contact: _____
 Phone Number: () _____ - _____

Trade Reference: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Account Number(s): _____
 Contact: _____
 Phone Number: () _____ - _____
 Fax Number: () _____ - _____

Trade Reference: _____
 Address: _____
 City: _____ State: _____ Zip: _____
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 Contact: _____
 Phone Number: () _____ - _____
 Fax Number: () _____ - _____

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 City: _____ State: _____ Zip: _____
 Account Number(s): _____
 Contact: _____
 Phone Number: () _____ - _____
 Fax Number: () _____ - _____

THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I UNDERSTAND THAT YOU WILL RELY ON IT IF YOU GRANT CREDIT. I UNDERSTAND THAT TERMS OF SALE ARE NET 30 DAYS UNLESS OTHERWISE AGREED IN WRITING. I AGREE TO PAY A FINANCE CHARGE OF 1 ½% PER MONTH (18% PER ANNUM) ON PAST DUE ACCOUNTS. I ALSO AGREE THAT IF MY ACCOUNT IS REFERRED TO AN ATTORNEY OR COLLECTOR, I WILL PAY THE REASONABLE FEE OF SUCH ATTORNEY OR COLLECTOR. I AUTHORIZE AND REQUEST THAT ANY DEPOSITORY INSTITUTION RELEASE CREDIT INFORMATION TO YOU AND I INTEND THAT A PHOTOCOPY OF THIS AUTHORIZATION BE AS VALID AS THE ORIGINAL.

AUTHORIZATION

The information provided to **Citilube, Inc** on this application by the applicant(s) and any other information provided to **Citilube, Inc** including any financial statements is warranted to be accurate, complete and true, and shall be the property of **Citilube, Inc**. **Citilube, Inc** is authorized to investigate the applicant(s) credit and employment history and to answer any questions about its credit experience with the applicant. All information will be held in strict confidence and be used solely for the extension of trade credit.

 SIGNATURE OF PERSON COMPLETING APPLICATION

 POSITION/TITLE

 DATE