

COMMERCIAL CREDIT APPLICATION AND AGREEMENT



Delmarva Oil

800 Fitzwater Street Ext, Salisbury, MD 21803
Phone: 800-296-5175 Fax: 410-749-1363

1. LEGAL NAME FOR BILLING	2. SHIP TO ADDRESS
STREET	STREET
CITY STATE ZIP	CITY STATE ZIP
3. TRADE NAME IF DIFFERENT FROM #1. ABOVE	4. PHONE

5. HOW IS COMPANY OWNED <input type="radio"/> PROPRIETORSHIP	OWNER'S NAME	SOCIAL SECURITY NO.
	HOME ADDRESS	
<input type="radio"/> PARTNERSHIP <input type="radio"/> LLC	PARTNER'S / MEMBER'S NAMES & HOME ADDRESS	
<input type="radio"/> S CORPORATION <input type="radio"/> CORPORATION	PRESIDENT	
	VICE PRESIDENT	
	SECRETARY	
	TREASURER	

6. NAME WHICH APPEARS ON YOUR BANK ACCOUNT			
7. PRIMARY PRODUCT OR SERVICE YOU PROVIDE			
8. IF CORP., STATE OF INCORPORATION	9. YEARS IN BUSINESS	10. NO. OF EMPLOYEES	11. MONTHLY PURCHASES \$
12. TYPE OF DELIVERY <input type="radio"/> AUTOMATIC <input type="radio"/> CALL-IN	13. TYPE OF PRODUCT	14. SIZE STORAGE TANK GALLONS	
15. THREE TRADE REFERENCES:			
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	
16. BANK REFERENCE:			
NAME	ADDRESS	PHONE	
17. ARE YOU LISTED WITH DUN & BRADSTREET <input type="radio"/> YES <input type="radio"/> NO IF YES, WHAT IS YOUR RATING			

PLEASE READ CAREFULLY

TERMS All charges placed on this accounts are due and payable within 30 days of the Billing Date, unless otherwise agreed upon in writing.

LATE CHARGES A Late Charge may be applied for each instance a payment is not received when due. All Late Charges are computed as follows: 1 ½% per month (ANNUAL PERCENTAGE RATE 18%). In addition, attorney or collection fees up to 30%, and applicable court costs may be added if this account is referred for outside collection.

I certify that the above information is correct and that I am authorized by the referenced company to establish a credit account.

In addition, I certify that I have read and accept the terms of this agreement.

Authorized Signature

Printed name and title of person signing

FOR OFFICE USE ONLY				
REC	LTR	CREDIT TERMS	ACCOUNT NUMBER	
				INITIAL DATE

PERSONAL GUARANTEE OF A CORPORATE ACCOUNT

Date: _____, 20____

Delmarva Oil, Inc.
P. O. Box 2810
La Plata, MD 20646

Attention: Credit Manager

Dear Sir:

In consideration for your extension of credit to

Corporation Name

of which the undersigned are principals, I hereby personally guarantee immediate payment when due for all products and/or services sold by you to said company.

I/We understand that this guarantee shall become effective on the date aforementioned and remain in force until canceled by me (us) in writing to Delmarva Oil, Inc. The revocation shall only apply to claims which arise out of the transactions entered into after receipt of such notice. The undersigned further agree(s) to pay any and all reasonable collection agency, attorney, and or court costs whether or not litigation is instituted for collection thereof, and if litigation is instituted for collection, such reasonable attorney fees as the court may award, including any attorney fees on appeal.

Furthermore, I/We understand that under no circumstances shall this letter be considered as giving rise to any argument or obligation on the part of Delmarva Oil, Inc., to extend credit nor shall it impair their right to withdraw credit privileges at any time. It is also understood that Delmarva Oil, Inc may obtain my credit report in an effort to determine credit worthiness for the company listed above.

Sincerely,

Witness (Signature)

Officer

Witness Name and Address

Officer address

Witness (Signature)

Officer Social Security Number

Witness Name and Address