

Branch#:
SM#:
Acct Type:
Credit Line:
Mail List: Y/N

For JF Petroleum Group Use

100 Perimeter Park Drive, Suite H, Morrisville, NC 27560 (919) 838-7555/email: AR@jfpetrogroup.com

CONFIDENTIAL CREDIT APPLICATION

COMPANY INFORMATION	ACCOUNT NUMBER
Full Level Duringer Name	
Full Legal Business Name DBA	
Billing Address	
City Count	ty State Zip Code
Telephone ()	Fax ()
Shipping Address	City State Zip Code
Type of Business	How Long Owned This Location Year Started Year Inc.
Ownership: Corporation Sole Proprietorship	Partnership Federal Tax ID #: Email:
Name of Authorized Buyer(s):	
Name of Accounts Payable Contact:	Telephone (
TAX STATUS:TaxableTax Exem	ppt (If Tax Exempt, provide Certificate)
Are Purchase Orders Required: Yes	No Payment Cycle:
OWNER/PRINCIPAL INFORMATION	
Name Title	Home Address Social Security Number
TRADE/TERM DEBT REFERENCES (Major	r Oils and/or Utilities not acceptable references)
Creditor Name	Contact Account Number
1.	
Telephone Number: ()	Fax Number:()
2.	
Telephone Number: ()	Fax Number: ()
3.	
Telephone Number: ()	Fax Number: ()
BANK INFORMATION	
Bank Name	Contact Account Number
Telephone Number: ()	Fax Number: ()
The preceding information is submitted for the purpose of obtaining credit from JF Acquisition, LLC (dba JF Petroleum Group) for business purposes. The undersigned warrants that the information contained in this application and any additional information submitted herewith, is complete and true. I hereby authorize my bank or banks and other creditors to release credit information concerning my checking and borrowing accounts to JF Petroleum Group. It is understood and agreed by the applicant that, if this application is approved by JF Petroleum Group and credit is extended, the terms of such credit account will be NET 30 DAYS unless otherwise specified by a signed contract, subcontract, or purchase order agreement, in which case JF Petroleum Group will be bound by the terms of said agreement. The applicant agrees to be personally liable for non-payment of any amounts and to pay a late payment charge of 1 ½% per month or 18% per Annum which shall be added to all invoices over 30 days old. In the event of any default, the applicant agrees to pay all costs of collection, including 20% Attorney Fees and all court costs, if incurred.	
Signature Printed Name	Title Date (Signee Must Be An Officer of the Company)