

Confidential Application for COMMERCIAL Credit



www.nelsonpetroleum.com

BUSINESS OFFICE
1125 80th ST SW
Everett, WA 98203
(425) 353-9701
(425) 355-1240 fax

EVERETT PLANT
1125 80th ST SW
Everett, WA 98203
(425) 353-9701 x 1
(425) 347-2069 fax

ARLINGTON PLANT
208 West Ave. S.
Arlington, WA 98223
(360) 435-2208
(360) 435-9712 fax



Remittance Address: PO Box 24946, Seattle, WA 98124-0946

ACCOUNT INFORMATION

Company Name		
Billing Address	City, State, Zip	
Business Phone	Fax	Web Address
Physical Address	City, State, Zip	
DBA(s) (if applicable)		

PRODUCT TYPE

<input type="checkbox"/> Heating Oil <input type="checkbox"/> Bulk Fuel <input type="checkbox"/> Lubricants <input type="checkbox"/> Filters <input type="checkbox"/> Other	Monthly Credit Limit Requested: Fuel \$ _____ Lube \$ _____ Total \$ _____
FLEETWIDE Fueling Cards: <input type="checkbox"/> Clear Diesel <input type="checkbox"/> Dyed Diesel <input type="checkbox"/> Gasoline PIN No. _____ Number of Cards Requested: _____	

BUSINESS AND TAX INFORMATION

Accounts Payable Contact	Fax Number	e-mail Address	Purchasing Contact
Form of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		Date Business was Formed	Federal Tax ID #
			WA State UBI #

BILLING INFORMATION

Require a Monthly Statement? Yes No	Exempt from Sales Tax? (Reseller or Farm Exemption?) Yes No If yes please attach WA State Reseller Permit
Select Billing Method: <input type="checkbox"/> Fax <input type="checkbox"/> email	Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT <input type="checkbox"/> AutoPay Written Authorization is required for AutoPay. EFT and Credit Card AutoPay payments are scheduled for 10th & 25th of each month.
Purchase Order Required? Yes No	

OFFICERS, PARTNERS, OWNERS (Parent Company If Subsidiary)

Name	Residence Address	City, State, Zip
Title	Phone	Cell
	Fax	Social Security No.
		Birth date

Name	Residence Address	City, State, Zip
Title	Phone	Cell
	Fax	Social Security No.
		Birth date

Name	Residence Address	City, State, Zip
Title	Phone	Cell
	Fax	Social Security No.
		Birth date

Office Use Only

Sales Representative	Account Number	Credit Limit	Date Account Opened
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