

Confidential Application for CONSUMER 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

Account Name _____

Billing Address _____

City, State, Zip _____

Home Phone _____

Cell _____

Home Fax _____

Email Address _____

Work Phone _____

AUTHORIZED ACCOUNT USERS

Name _____ Residence Address _____ City, State, Zip _____

Phone Number _____ Cell Number _____ Fax Number _____ Social Security No. _____ Birth date _____

Name _____ Residence Address _____ City, State, Zip _____

Phone Number _____ Cell Number _____ Fax Number _____ Social Security No. _____ Birth date _____

Name _____ Residence Address _____ City, State, Zip _____

Phone Number _____ Cell Number _____ Fax Number _____ Social Security No. _____ Birth date _____

PRODUCT TYPE

Heating Oil Bulk Fuel Lubricants Filters Other

FLEETWIDE Fueling Cards: Clear Diesel Dyed Diesel Gasoline

PIN No. _____ Number of Cards Requested: _____

Monthly Credit Limit Requested:

Fuel \$ _____

Lube \$ _____

Total \$ _____

BILLING INFORMATION

Require a Monthly Statement?

Yes No

Exempt from Sales Tax?

Yes No

(Reseller or Farm Exemption?)

If yes please attach WA State Reseller Permit

Preferred Billing Method:

Fax No. _____

Email _____

Payment

Method: Credit Card EFT AutoPay

Written Authorization is required for AutoPay. EFT and Credit Card AutoPay payments are scheduled for 10th & 25th of each month.

Office Use Only

Sales Representative _____

Account Number _____

Credit Limit _____

Date Account Opened _____

(rev 01/10) **Please complete all information. Missing information may delay processing.**

Continued on Reverse

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BANK REFERENCE

Bank	Branch
Street Address	City, State, Zip
Phone Number	Fax Number
Bank Contact Name	

CREDIT REFERENCES

Credit Reference Name	Address	City, State, Zip
Phone Number	Fax Number	
Credit Reference Name	Address	City, State, Zip
Phone Number	Fax Number	
Credit Reference Name	Address	City, State, Zip
Phone Number	Fax Number	

DELIVERY INFORMATION

Is Billing address different from Delivery Address?	<input type="checkbox"/> Yes	<input type="checkbox"/> Rent	Special Delivery Instructions?
If yes, please enter delivery address below	<input type="checkbox"/> No	<input type="checkbox"/> Own	
Street Address	City, State, Zip		

PURCHASE AGREEMENT

Credit terms are Net 15 days. Products and/or services are not payable in installments, but payable in full per invoice. Accounts with a balance unpaid after 30 days from date of invoice are subject to Credit Hold. Cardlock service may be terminated at any time after the due date shown on the invoice. Fees may apply to re-activate cards. A finance charge of 1.5% per month (18% per annum) is charged on delinquent balances. Returned checks are subject to a \$40.00 fee. Returned goods are subject to a restocking fee. I/We agree to pay all collection costs, including attorney costs if necessary to take legal action to collect past due accounts. I/We certify that all information on this application is correct and that I/we fully understand the credit terms and agree to the proper payment in consideration of credit extended. I/We understand that information given is for the purpose of obtaining credit and I/we hereby authorize Nelson Petroleum to investigate my/our credit and financial responsibility.

Signature - Authorized Account Holder	Date	Signature - Authorized Account Holder	Date
Signature - Authorized Account Holder	Date	Signature - Authorized Account Holder	Date