

**SWEETWATER VALLEY OIL COMPANY**

P.O. Box 537 - Sweetwater, TN 37874 Phone (423) 337-6671 Fax (423) 337-9485 Toll Free (800) 362-4519

**CONFIDENTIAL CREDIT APPLICATION**

Name of Firm \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

Shipping Address \_\_\_\_\_  
City State Zip

Nature of business \_\_\_\_\_ Fax \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ AP Phone \_\_\_\_\_ AP Email \_\_\_\_\_

May we send invoices and statement electronically? Yes \_\_\_ No \_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Purchase Orders Required? Yes \_\_\_ No \_\_\_

Tax Exempt/Resale # \_\_\_\_\_ (Attach completed form) Federal Employer ID # \_\_\_\_\_

Anticipated dollar amount of purchased per month \_\_\_\_\_ Date business began \_\_\_\_\_

Ownership: Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC \_\_\_ LLP \_\_\_ Gov \_\_\_

Principal Owners/Officers:

Name \_\_\_\_\_ Address (Physical) \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_ Home phone \_\_\_\_\_

Name \_\_\_\_\_ Address (Physical) \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_ Home phone \_\_\_\_\_

Bank and Trade References:

Bank \_\_\_\_\_ Account # \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Applicants' signature attests to the financial responsibility, ability and willingness to pay our invoices in accordance with our credit terms as stated on the invoice. Finance charges will accrue on past due invoices. Applicant agrees to pay all of the sellers cost of collection including reasonable attorney's fees and court costs as fixed by the court in the event legal action is required to collect any indebtedness owed by the applicant to Sweetwater Valley Oil Co. The applicant consents to the exclusive jurisdiction of, in the sole discretion of Sweetwater Valley Oil Co., the state court of McMinn County, Tennessee. By witness of my signature I authorize Sweetwater Valley Oil Co. and its representatives to conduct inquiry into the references listed or attached and furthermore authorize these listed references to release information requested to Sweetwater Valley Oil Co., Inc. for the purpose of establishing credit. I also authorize Sweetwater Valley Oil Co. to obtain and review my/our personal and business credit reports that may be on file with various credit reporting agencies.

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_