



CONFIDENTIAL CREDIT APPLICATION

For Office Use Only

AMSOIL INC. • AMSOIL BUILDING • SUPERIOR WI 54880 • 715-392-7101

Please Print or Type

Company Name _____

Business Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Phone _____ Fax _____

Dun & Bradstreet # _____ Date Business Established _____

Municipality Partnership Corporation Sole Proprietor Other _____ (please specify)

Owners/Partners/Corporate Officers:

1. _____ Title _____

2. _____ Title _____

3. _____ Title _____

TRADE REFERENCES: (Use credit sources with existing credit line. Note: credit card companies are not acceptable)

1. Name _____

Phone _____ Fax _____ Account # _____

Address _____ City _____ State/Prov. _____ Zip/Postal Code _____

2. Name _____

Phone _____ Fax _____ Account # _____

Address _____ City _____ State/Prov. _____ Zip/Postal Code _____

3. Name _____

Phone _____ Fax _____ Account # _____

Address _____ City _____ State/Prov. _____ Zip/Postal Code _____

BANK INFORMATION:

Name of Bank _____ Fax _____ Phone _____

Address _____ City _____ State/Prov. _____ Zip/Postal Code _____

Account Number _____

Amount of Credit Applied For: (estimated monthly purchases, i.e., \$500, \$1000, etc.) _____

Please submit a current Financial Statement with this application.

I, the undersigned, am authorized to submit this information on behalf of the above named company for the purpose of extending credit to our company. I authorize AMSOIL to contact the above credit references and authorize our bank and suppliers to furnish you with any information necessary to complete your evaluation of our credit history. Upon the approval of AMSOIL INC., this entitles me to purchase AMSOIL Products on Open Account to the extent of the credit limit approved. I understand that this account is conditional upon the above named company maintaining a favorable payment and credit history with AMSOIL INC. I understand the terms on the invoice from AMSOIL will be net 30 days. I further understand that a 1.5% service charge per month will be levied for all invoices which are past the 30-day due date, and that my Open Account privileges may be suspended.

Company Representative _____

please print

signature

Title _____ Date _____

Submit to: Account Services
AMSOIL INC.
AMSOIL Building
Superior, WI 54880
FAX 715-392-5225