

**A. G. LEE OIL CO., INC.
POST OFFICE BOX 237
SMITHFIELD, NC 27577**

PHONE (919) 934-6013

FAX (919) 934-1479

****CREDIT APPLICATION****

BUSINESS NAME : _____

OWNERSHIP : CORPORATION PARTNERSHIP INDIVIDUAL _____

FEDERAL TAX ID# : _____

BUSINESS START DATE: _____

OWNER(S) OR PRINCIPAL OFFICER(S) NAME, TITLE, % OWNERSHIP, SOC. SECURITY#, & ADDRESS

ADDRESS OF BUSINESS : _____ **MAILING ADDRESS IF DIFFERENT:** _____

BUSINESS PHONE : _____ **FAX:** _____

CONTACT PERSON : _____

PLEASE NOTE EXPECTED MONTHLY VOLUME IN GALLONS: _____

PLEASE LIST AT LEAST 3 TRADE CREDIT REFERENCES & BANK INFORMATION:

	NAME	ADDRESS	PHONE	CONTACT	ACCOUNT#
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

BANK _____

WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT AND GIVE OUR CONSENT TO THE RELEASE OF CREDIT INFORMATION FOR THE PROCESSING OF THIS CREDIT APPLICATION. WE ALSO CERTIFY THAT WE FULLY UNDERSTAND AND AGREE TO YOUR CREDIT TERMS IF CONSIDERED FOR AN EXTENTION OF CREDIT.

SIGNED: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____