

SAMPSON-BLADEN OIL COMPANY, INC.

CREDIT APPLICATION / CONTRACT

P.O. BOX 469
 CLINTON, NC 28329
 PHONE 910-592-4177
 FAX 910-596-0206

LEGAL NAME _____

DBA _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

SHIPPING ADDRESS _____

FAX # (____) _____ PHONE # (____) _____

TYPE OF ORG: PROPRIETORSHIP PARTNERSHIP PRIVATELY HELD CORP. PUBLICLY HELD CORP. LIMITED LIABILITY CORP.

STATE OF INCORPORATION _____ DATE OF INCORPORATION _____

Name, Home Address, and Social Security # of OWNER(S) IF Proprietorship, Partnership: or OFFICERS if Privately Held Corporation:

(NAME) (HOME ADDRESS) (SS #)

(NAME) (HOME ADDRESS) (SS #)

LINE OF BUSINESS: _____ Date Started In Business: ____/____/____

ANNUAL SALES: _____ Person Authorized To Purchase: _____

PURCHASE ORDER REQUIRED? YES NO

ARE YOU EXEMPT FROM SALES TAX? YES NO (IF YES, please attach documentation as required by law)

SALES TAX NUMBER: _____

PERSON TO CONTACT FOR PAYMENT: _____

EMAIL ADDRESS: _____

DUN & BRADSTREET #: _____

FEDERAL I.D. #: _____

PLEASE COMPLETE CREDIT INFORMATION ON REVERSE AND SIGN >>>>>>

FOR OFFICE USE ONLY

CUSTOMER ACCT #: _____ BILL TO ACCT #: _____

CREDIT LIMIT: _____ EQUIPMENT TO BE INSTALLED: YES NO

TYPE PRODUCT SOLD: _____ ESTIMATED GAL/MONTH: _____

TERRITORY: _____ TERMS: CASH NET 30

SALESMAN NO.: _____ NAME: _____

BRANCH: _____ DATE ACCT OPENED: ____/____/____

SUBMITTED BY: _____ DATE SUBMITTED: ____/____/____

APPROVALS: SALESMAN: _____ DATE: ____/____/____

DIV. MGR.: _____ DATE: ____/____/____

CREDIT MGR.: _____ DATE: ____/____/____

BANK REFERENCES

BANK NAME: _____ ACCT. #: _____
ADDRESS: _____
PHONE #: _____ FAX #: _____

TRADE REFERENCES

COMPANY NAME: _____ ACCT. #: _____
ADDRESS: _____
PHONE #: _____ FAX #: _____

COMPANY NAME: _____ ACCT. #: _____
ADDRESS: _____
PHONE #: _____ FAX #: _____

COMPANY NAME: _____ ACCT. #: _____
ADDRESS: _____
PHONE #: _____ FAX #: _____

The information on this application is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Sampson-Bladen Oil Company, Inc. to investigate references pertaining to my/our credit and financial responsibility.

The undersigned hereby consent(s) to Sampson-Bladen Oil Company, Inc.'s use of a non-business consumer credit report on the undersigned as principal(s). Proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated in the Credit Application/Contract. The undersigned hereby authorize Sampson-Bladen Oil Company, Inc. to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by the Credit Application/Contract. The undersigned as (an) individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. © 1681 et seq.

Default: In case of default, it is hereby agreed to pay Sampson-Bladen Oil Company, Inc. any and all court costs, reasonable attorney's fees and collection fees, plus all interest and principal amounts due.

A Finance Charge of 1.5% (ANNUAL PERCENTAGE RATE OF 18%) is applicable for amounts unpaid 30 days after date of invoice.

ALL PRODUCTS REMAIN THE PROPERTY OF SAMPSON-BLADEN OIL COMPANY, INC. UNTIL RECEIPT OF PAYMENT.

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICE IN ACCORDANCE WITH PAYMENT TERMS.

PAYMENT TERMS ARE RECEIPT OF PAYMENT DUE WITHIN 30 DAYS OF INVOICE DATE.

COMPANY NAME: _____

AUTHORIZED SIGNATURE: _____

PRINTED: _____

TITLE: _____

DATE: ____/____/____