



# SAMPSON-BLADEN OIL COMPANY, INC.

## LUBRICANT CREDIT APPLICATION / CONTRACT

P.O. BOX 469  
CLINTON, NC 28329  
PHONE 910-592-4177  
FAX 910-592-0430

C CORP    S CORP    LLC    PROPRIETORSHIP    PARTNERSHIP    GOVT    OTHER \_\_\_\_\_

BUSINESS LEGAL NAME \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_

DBA \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

PHONE# (\_\_\_\_)\_\_\_\_-\_\_\_\_    FAX# (\_\_\_\_)\_\_\_\_-\_\_\_\_    EMERGENCY# (\_\_\_\_)\_\_\_\_-\_\_\_\_

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: \_\_\_\_\_ SSN#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LINE OF BUSINESS: \_\_\_\_\_ Date Started  
In Business: \_\_\_\_/\_\_\_\_/\_\_\_\_

ANNUAL SALES: \_\_\_\_\_

Person (s) Authorized to Purchase: \_\_\_\_\_

PURCHASE ORDER REQUIRED?    YES    NO

ARE YOU EXEMPT FROM SALES TAX?    YES    NO    **IF YES, state exemption form must be attached**

SALES TAX EXEMPTION NUMBER: \_\_\_\_\_

PERSON TO CONTACT FOR PAYMENT: \_\_\_\_\_

PHONE# (\_\_\_\_)\_\_\_\_-\_\_\_\_    EMAIL ADDRESS: \_\_\_\_\_

EMAIL FOR STMTS: \_\_\_\_\_    EMAIL FOR INVOICES: \_\_\_\_\_

DEFAULT PAYMENT:    CASH    EFT DRAFT  
                            CHECK    EFT DEPOSIT

\*ADDITIONAL FORM TO BE PROVIDED AFTER CREDIT APPROVAL

**Trade References**

COMPANY NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_

**BANK REFERENCES**

BANK 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 al 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.

COMPANYNAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: / /

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**FOR OFFICE USE ONLY**

SALESMAN NAME: \_\_\_\_\_ SALESMAN NO: \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_ WAREHOUSE: \_\_\_\_\_

TERMS: CASH NET 30 CHECK CREDIT CARD EFT

CREDIT MGR: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SAMPSON-BLADEN OIL COMPANY, INC. ELECTRONIC FUNDS TRANSFER  
AUTHORIZATION AGREEMENT

Customer Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Company Tax ID/SSN \_\_\_\_\_ Fax # \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Telephone # \_\_\_\_\_

The above-named customer hereby authorizes Sampson-Bladen Oil Company, Inc. (Sampson-Bladen) to initiate electronic funds transfers, "EFT" from the commercial account of the Financial Institution named below for withdrawal of funds to effect payments due--- "Debit Entries" and/or correction entries.

Bank/Branch: \_\_\_\_\_ Bank Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Transit Routing #: \_\_\_\_\_

City: \_\_\_\_\_ Bank Contact: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact telephone #: \_\_\_\_\_

The customer agrees to maintain sufficient funds in the above-designated commercial bank account to pay EFT Debit Entries when initiated. The customer understand that this authorization will remain in effect until they notify in writing Sampson-Bladen, POB 469, Clinton, NC 28329 and the above financial institution that they no longer desire this service, allowing reasonable time to act on this notice.

All other terms and provisions of other agreements between customer and Sampson-Bladen remain in effect, except as expressly provided herein.

Name(s) & Title \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check.**

EFT: 10-05