



**SAMPSON-BLADEN OIL COMPANY, INC.**  
**MOTOR FUEL CREDIT APPLICATION/CONTRACT**

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

**TYPE OF ACCOUNT:** (Check if applicable)

Rack \_\_\_\_\_ Bulk \_\_\_\_\_ Branded \_\_\_\_\_ Unbranded \_\_\_\_\_

Business Name/Name Under Which Account Will Be Carried (Include DBA):  
\_\_\_\_\_

Type of Entity: Corporation \_\_\_\_\_ Partnership/LLC \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Other \_\_\_\_\_

Business Phone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact name: \_\_\_\_\_

Fax Machine No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DTN Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell: \_\_\_\_\_

**BUSINESS ADDRESSES:**  
**MAILING**

**PHYSICAL**

\_\_\_\_\_  
\_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If Business has Parent Company, indicate Name and Address of Parent Company:  
\_\_\_\_\_  
\_\_\_\_\_

**FOR PERSONAL, PARTNERSHIPS, AND SOLE PROPRIETOR ACCOUNTS:**

Owner's Name(s) (1) \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(2) \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(3) \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner's Address (1) \_\_\_\_\_ (2) \_\_\_\_\_

\_\_\_\_\_

Home Phone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owner's Address: (3) \_\_\_\_\_

\_\_\_\_\_

Home Phone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**BACKGROUND INFORMATION:**

Nature/Type of Business: \_\_\_\_\_

Year Established: \_\_\_\_\_ Years Under Current Ownership: \_\_\_\_\_

Current Main Supplier(s) of Products/Services: \_\_\_\_\_

\_\_\_\_\_

**BANKING INFORMATION:**

Name of Bank: \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Bank Officer for Your Account: \_\_\_\_\_  
Checking Account No: \_\_\_\_\_ Savings Account No: \_\_\_\_\_

**PLEASE INCLUDE WITH YOUR APPLICATION:**

- \_\_\_ Business Financial Statements for the most recent year \*
  - \_\_\_ Most Recent Personal Financial Statements\* (*Personal financials are **required** for Partnerships, Proprietorships or when Personal Guarantees are given*)
  - \_\_\_ Most Recent Federal Tax return filed\*
  - \_\_\_ EFT form\* (for all Non-Aviation Accounts)
- \*Open Credit will NOT be approved without these items.

**CREDIT INFORMATION:**

Monthly Credit Requirements: \$ \_\_\_\_\_ Gallons \_\_\_\_\_ Enclosed are all applicable state and Federal tax exemption certificates for:  
Federal Tax ID Number \_\_\_\_\_ Gasoline \_\_\_\_\_ Diesel \_\_\_\_\_

**TRADE REFERENCES**

Company Name	Address	Acct. Number	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By submitting this request for credit from *Sampson-Bladen Oil Company, INC. ("SBOC")*, applicant authorizes creditor to obtain credit and/or banking information from all trade and banking entities listed, and any not listed, with whom the applicant currently has credit, or with whom applicant has previously conducted business. Applicant also authorizes creditor to obtain personal credit reports if creditor determines them to be necessary. Applicant further agrees that if this application for credit is approved, Applicant is entering into a binding contract with SBOC with regard to the services and products to be furnished by SBOC. Applicant further agrees that each obligation to be performed by SBOC shall be performable in Sampson County, North Carolina, and that all payments and obligations of Applicant are performable in Sampson County, North Carolina. Applicant further agrees that the laws of the State of North Carolina shall govern this contract between SBOC and Applicant and also govern any transactions made between SBOC and Applicant. Applicant agrees to pay finance charges of 1-1/2% per month (18% per annum) on all past due amounts, as well as administrative charges for returned checks or drafts, and all collection costs including attorney's fees. Applicant further agrees to waive personal jurisdiction and venue in any dispute arising from, or relating to, the sale or goods or services by SBOC to Applicant and agrees that any dispute shall be exclusively resolved in the Courts of Sampson County, North Carolina.

Applicant: \_\_\_\_\_  
Print

\_\_\_\_\_ Title: \_\_\_\_\_  
Signature

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

**FOR OFFICE USE ONLY**

SALESMAN NAME: \_\_\_\_\_

SALESMAN NO. \_\_\_\_\_

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

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