



AUTO CLUB OIL & CHEMICAL CORPORATION
136 MORGAN AVENUE, BROOKLYN, NY 11237 PH: 800-656-0005 / FX: 800-909-6610

CREDIT APPLICATION

Firm Name: Date:
Billing Address: PH: ()
FX: ()
Owner: EM:
Tax ID#: Manager: Credit:
PLEASE SUBMIT EXEMPTION FORM WITH THIS APPLICATION CREDIT LINE REQUESTED
Principle Name: PH:
Address: SS#:
Bank: PH:
Address: FX:
Contact: Account#:

REFERENCES: (PLEASE GIVE OPEN ACCOUNTS ONLY AND INCLUDE ACCOUNT NUMBER IF NECESSARY)
1. Firm Name: Date:
Address: PH: ()
Contact: Account#: FX: ()
2. Firm Name: Date:
Address: PH: ()
Contact: Account#: FX: ()
3. Firm Name: Date:
Address: PH: ()
Contact: Account#: FX: ()

THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I UNDERSTAND THAT YOU WILL RELY ON IT IF YOU GRANT CREDIT. I UNDERSTAND THAT TERMS OF SALE ARE NET 30 DAYS UNLESS OTHERWISE AGREED IN WRITING. I AGREE TO PAY A FINANCE CHARGE OF 1.5% PER MONTH (18% PER ANNUM) ON PAST DUE ACCOUNTS. I ALSO AGREE THAT IF MY ACCOUNT IS REFERRED TO AN ATTORNEY OR COLLECTOR, I WILL PAY THE REASONABLE FEE OF SUCH ATTORNEY OR COLLECTOR. I AUTHORIZE AND REQUEST THAT ANY DEPOSITORY INSTITUTION RELEASE CREDIT INFORMATION TO YOU AND I INTEND THAT A PHOTOCOPY OF THIS AUTHORIZATION BE AS VALID AS THE ORIGINAL.
AUTHORIZED SIGNATURE: TITLE: DATE:

OFFICE USE ONLY: DATE:
CREDIT: [X] APPROVED: [X] NOT APPROVED: BY:
AUTHORIZED CREDIT LINE: CUSTOMER ACCOUNT#: