



Petroleum Distributors  
and Cardlock Fuels



**CREDIT APPLICATION**

APPROVED

DECLINED

DATE \_\_\_\_\_

BY:

SALES#: \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

FEDERAL TAX ID: \_\_\_\_\_

INDICATE TYPE OF BUSINESS:  INDIVIDUAL  PARTNERSHIP  SOLE OWNER  NON- PROFIT

CORPORATION, STATE OF \_\_\_\_\_ ARTICLE OF INCORPORATION NUMBER \_\_\_\_\_

PAST OR PRESENT PETROLEUM SUPPLIER \_\_\_\_\_ PHONE \_\_\_\_\_

PURCHASE ORDER REQUIRED  YES  NO

AUTHORIZED TO CHARGE ON ACCOUNT \_\_\_\_\_

• IF YOU ARE APPLYING FOR A CFN ACCOUNT PLEASE CHECK THIS BOX

**BANK REFERENCE**

BANK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

BANK OFFICER NAME \_\_\_\_\_

**TRADE REFERENCES**

PLEASE LIST THREE BUSINESS REFERENCES, PROVIDE ACTUAL ADDRESSES NOT A P.O. BOX  
AND FAX NUMBERS

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

This will give authorization to release any information necessary toward processing of an account application with Jeffries Bros., Inc.  
All information will be kept in confidence.

**The information below must be provided for all accounts except Corporations.**

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

HOME PHONE NUMBER ( ) \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

I certify that I am the person named above. As a principal of \_\_\_\_\_  
I authorize and request JBI to consider my personal credit in conjunction with this application for my company's account.

**SIGNATURE** \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

HOME PHONE NUMBER ( ) \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

I certify that I am the person named above. As a principal of \_\_\_\_\_  
I authorize and request JBI to consider my personal credit in conjunction with this application for my company's account.

**SIGNATURE** \_\_\_\_\_

**PERSONAL REFERENCES:**

**FRIEND**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_

**RELATIVE NOT LIVING WITH YOU**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_

- **IF YOU ARE APPLYING FOR A CFN ACCOUNT PLEASE CHECK THIS BOX**

In order to induce Jeffries Bros., Inc. (JBI) to grant financial accommodations or extend credit to \_\_\_\_\_  
\_\_\_\_\_ herein after called (the customer), the undersigned hereby personally guarantees to JBI the payment when due, of every claim (including but not limited to service charges, reasonable attorney's fees and costs) of JBI which hereafter arise in favor of JBI against the customer. This is a continuing guarantee and shall remain in full force until revoked by the undersigned by notice in writing to JBI but such revocation shall be effective only as to claims of JBI which arise out of transactions entered into after its receipt of notice. This obligation shall cover the renewal of any claims or extensions of time.

The undersigned agrees to pay all charges within ten (10) days of the date of billing. In the event charges are not paid, then the undersigned agrees to pay JBI a service charge of 1.5% per month on the unpaid balance. JBI may, as it options, refuse to permit charges to be incurred on the account.

The undersigned agrees that if the undersigned's account is referred for collection to an attorney, the undersigned will pay reasonable attorney's fees and cost of collection. It is understood that all billing accounts receivable and credit processed through headquarters in Kern County, CA is the venue for litigation. We further agree if litigation is filed, that the Superior Court of Kern County, CA retains both jurisdiction over us and all our assets.

**SIGNATURE** \_\_\_\_\_

**(661) 758-3072 \* FAX 661-758-3077  
P. O. BOX 640 \* WASCO, CA 93280**