



Delivering the Greatest Value Per Gallon.....

P.O. Box 219
 Fuquay-Varina, N.C. 27526
 919.552.5474 fax 919-552-5643

Business
 Credit/Service Application

Applicant Name: _____ (name to appear on account)
 Other business name(s) or dba: _____
 Federal Tax I.D.# _____ Phone() _____
 Physical Address: _____ City: _____ St: _____ Zip: _____
 Business Established: _____ month _____ year
 Email Address: _____
 Billing Address: _____ City: _____ St: _____ Zip: _____
 Billing Contact: _____ fax() _____
 Phone() _____

Type of Service: _____ (example propane,diesel,etc)
 Directions to Business: _____

 _____ County: _____

The above named person or entity (the "Applicant") hereby applies for credit from K.B. Johnson Oil & Gas Company. In connection therewith, Applicant provides the information set for herein. The information provided will be utilized by K.B. Johnson Oil & Gas Company for the purpose of processing this application and inquiring into the Applicant, and such information will be kept confidential except in connection with said purposes.

The undersigned hereby certifies that all of the information provided in this application for credit is true and correct. Furthermore, the credit and collection terms of K.B. Johnson Oil Gas Company as explained to the undersigned and agreed to, and prompt payment of any indebtedness owed to K.B. Johnson Oil & Gas Company is hereby guaranteed. "Applicant" hereby agrees to pay any legal/collection/court costs associated with this indebtedness.

 Principal's Printed Name Title or Position

 Current Home Address

 City State Zip

 Social Security # Birth Date

 Signature Date

**K.B. JOHNSON OIL & GAS COMPANY
Business Bank/Trade Reference Sheet**

Please complete the following information and return with completed credit application to: KB Johnson Oil & Gas Company, PO Box 219, Fuquay-Varina, NC 27526. You may fax to 919-552-5643.

Company Name: _____ Fed Tax ID# _____

Company Type: ___ Corporation ___ Partnership ___ Sole Owner

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Accounts Payable Contact: _____

Credit Limit Requested: \$ _____

For requests of \$5,000 or more, we ask that you attach your most recent financial statement

(If Different From Above)

Delivery Address: _____ City: _____ State: _____ Zip: _____

Does Company Require A Purchase Order# ___ yes ___ no

Bank & Trade References

Bank: _____ Acct#: _____

Address: _____ City: _____ St: _____ Zip: _____

Contact Name: _____ Phone() _____ Fax() _____

Trade Ref #1 _____ Acct#: _____

Address: _____ City: _____ St: _____ Zip: _____

Contact Name: _____ Phone() _____ Fax() _____

Trade Ref #2 _____ Acct#: _____

Address: _____ City: _____ St: _____ Zip: _____

Contact Name: _____ Phone() _____ Fax() _____

Trade Ref #3 _____ Acct#: _____

Address: _____ City: _____ St: _____ Zip: _____

Contact Name: _____ Phone() _____ Fax() _____

The references listed above are authorized to furnish credit information when this form has been signed by an authorized representative of the company.

Signature _____ Date _____

Please Print Name and Title _____