

ORMOND OIL & GAS CO.
BUSINESS ACCOUNT CREDIT APPLICATION

MAILING ADDRESS: PO BOX 248, PRINCETON NC 27569
OFFICE LOCATIONS: 1124 S. POLLOCK ST., SELMA NC 27577 and 9535 US HWY 70 E, PRINCETON NC 27569
TELEPHONE: (919) 936-0221 FAX: (866) 709-9782

Employee: _____

BUSINESS CONTACT INFORMATION:

BUSINESS NAME: _____
CONTACT NAME: _____ TITLE: _____
PHONE #: (____) ____ - _____ ALT PHONE #: (____) ____ - _____ EMAIL: _____

BUSINESS INFORMATION:

BILLING ADDRESS: _____ CITY: _____ ST _____ ZIP _____
HOW LONG AT CURRENT ADDRESS? _____ DATE BUSINESS COMMENCED: _____
SOLE PRORIETORSHIP: _____ PARTNERSHIP: _____ CORPORATION: _____ OTHER: _____

CREDIT INFORMATION:

BANK NAME: _____
BANK ADDRESS: _____ CITY: _____ ST _____ ZIP _____
SAVINGS: _____ CHECKING: _____ OTHER: _____
BANK NAME: _____
BANK ADDRESS: _____ CITY: _____ ST _____ ZIP _____
SAVINGS: _____ CHECKING: _____ OTHER: _____

BUSINESS/TRADE REFERENCES:

COMPANY NAME: _____ CONTACT _____
COMPANY ADDRESS: _____ CITY: _____ ST _____ ZIP _____
PHONE #: (____) ____ - _____ ALT PHONE #: (____) ____ - _____ EMAIL: _____
COMPANY NAME: _____ CONTACT _____
COMPANY ADDRESS: _____ CITY: _____ ST _____ ZIP _____
PHONE #: (____) ____ - _____ ALT PHONE #: (____) ____ - _____ EMAIL: _____
COMPANY NAME: _____ CONTACT _____
COMPANY ADDRESS: _____ CITY: _____ ST _____ ZIP _____
PHONE #: (____) ____ - _____ ALT PHONE #: (____) ____ - _____ EMAIL: _____

TANK INFORMATION:

DO YOU HAVE A TANK? _____ SIZE (NEEDED) _____ OWNER OF TANK (PROOF OF OWNERSHIP REQUIRED) _____

DELIVERY INFORMATION:

PREFERRED DELIVERY METHOD: ROUTE _____ WILL CALL _____
DELIVERY ADDRESS: _____ CITY: _____ ST _____ ZIP _____
FUEL TYPE: GASOLINE _____ DIESEL _____ LP _____ OTHER: _____

AGREEMENT:

1. ALL INVOICES ARE TO BE PAID 30 DAYS FROM DATE OF INVOICE.
2. CLAIMS ARISING FROM INVOICES MUST BE MADE WITHIN FIVE BUSINESS DAYS.
3. BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE ORMOND OIL & GAS CO., INC. TO MAKE INQUIRIES INTO THE BANKING AND BUSINESS/TRADE REFERENCES THAT YOU HAVE SUPPLIED.

SIGNATURE:

NAME: _____ TITLE: _____ DATE: _____

APPLICATION RECEIVED BY & DATE: _____ RUN BY: _____ DATE: _____ ACCOUNT TERMS: _____