



COMMERCIAL CREDIT APPLICATION

Revision 140507-D

All information must be printed or typed

Complete and sign form. Email to credit@dilmar.com or fax to Credit Department (843) 664-0637 or mail original to Credit Department, Dilmar Oil Company, Inc., P.O.Box 5629, Florence, SC 29502-5629

Name of applicant (company or individual):			
Mailing Address	City:	State:	Zip:
Deliver to company name (if different than name of company or individual)			
Street Address (if different than mailing or mailing is PO box)	City:	State:	Zip:
Business Phone:	Fax Number:	(Required) COUNTY DELIVERED IN:	
Contact Name (for billing questions)	Phone Number:	Fax Number:	E-mail:
(Required) FEIN Number: ATTACH W-9 FORM	CHECK ONE >	Corporation <input type="radio"/>	Partnership <input type="radio"/>
		Individual <input type="radio"/>	Years in business:
<input type="checkbox"/> TAX EXEMPT <i>Requires a copy of tax EXEMPTION FORMS Exemption copies must be on file in Dilmar's customer file & accounting.</i>	<input type="checkbox"/> SHOW PRICES ON ORDERS <input type="checkbox"/> BACK ORDERS ACCEPTED <input type="checkbox"/> PURCHASE ORDER REQUIRED	AUTHORIZATION AGREEMENT FOR ACH DEBITS <input type="checkbox"/> Completed and attached	
1. Name of Principal	Job Title	Home Phone No.	
Home Address:	City:	State:	Zip:
2. Name of Principal	Job Title	Home Phone No.	
Home Address:	City:	State:	Zip:
1. Business Reference Name	Business Phone:	Fax Number:	
Address	City:	State:	Zip:
2. Business Reference Name	Business Phone:	Fax Number:	
Address	City:	State:	Zip:
3. Business Reference Name	Business Phone:	Fax Number:	
Address	City:	State:	Zip:

CREDIT AMOUNT REQUESTED: _____ ANNUAL GALLON ESTIMATE: _____ EST. EQUIP. INVESTMENT: _____

TERMS:

Terms are from date of invoice - lubricants net 30 days, fuels net 15 days (transports 10 days EFT). Interest will accrue at the rate of eighteen percent (18%) on any unpaid balance. Should this account be placed with an attorney or collection agency for collection I hereby agree to pay all reasonable costs of collection, including attorney's fees in the amount of twenty percent (20%).

I hereby agree that any legal proceedings undertaken to enforce the terms of this agreement or any other dispute involving the extension of credit will be resolved pursuant to the laws of South Carolina, and that jurisdiction and venue will be proper in Florence County, South Carolina, for any such action.

I certify that all information on this form is correct, and that I am authorized to enter into this contractual relationship on behalf of the company. Permission is hereby granted to access/obtain credit reports on the company's business credit. I fully understand the credit terms and have read this document before signing.

I and Dilmar Oil Company jointly agree that either a signed email copy or signed faxed copy of this application should be deemed to serve as the original document.

I fully understand the credit terms and have read this document before signing.

Date: _____ Signed by: _____ Title: _____ Print Name: _____
Individually and as an officer of the Firm

NOTICE: IN THE EVENT THIS ACCOUNT BECOMES DELINQUENT, ALL WRITTEN AND VERBAL COMMUNICATIONS WILL BE AN ATTEMPT TO COLLECT THE DEBT AND ANY INFORMATION WILL BE USED FOR THAT PURPOSE.

PERSONAL GUARANTY To: Dilmar Oil Company, Inc.

Please sell and deliver to _____ (applicant) or their/its representatives on the terms of sale (net thirty days from invoice date) such goods, wares and merchandise as they or their representatives may order or select. In consideration thereof, I/we hereby fully GUARANTEE and hold myself/ourselves responsible for the payment at maturity of the purchase price of all such goods, wares and merchandise so sold or delivered, whether evidenced by open account, acceptance, note or otherwise. I/we hereby waive notice of default in payment and legal proceedings against the purchaser.

This is intended to be and shall be construed to be a continuing GUARANTY applying to all sales made by you to the aforesaid, and shall not be revoked by the death of the guarantor(s) but shall remain in full force and effect until you receive written notice from me/us or my/our executors and administrators to make no further advances on the security of this guaranty.

It is understood that there is no limit to my/our liability under this guaranty.

Should it be necessary to place this guaranty with an attorney or a collection agency for collection, I/we hereby agree to pay all costs of such collection efforts, including all reasonable professional fees.

I/we hereby waive my/our privilege of being sued in the County of my/our residence and agree venue for any legal proceedings to enforce the terms of this guaranty shall be in Florence County, South Carolina.

Witness my/our hand(s) and seals(s) this _____ day of _____ 20 _____

Witness: _____ Guarantor: _____
(Signature) (Print Name) Signed Individually and as an officer of the Firm (Print Name)

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