



www.oaklandfuels.com

Oakland Fuels

3943 Airport Rd
Waterford, MI. 48329
Phone: (866) 927-FUEL
Fax: (248) 623-7720

Credit Application

Full Legal Name		E-MAIL ADDRESS		
BILLING ADDRESS		CITY	STATE	ZIP
SHIP TO ADDRESS		CITY	STATE	ZIP
CONTACT	PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
LEGAL STRUCTURE	NAME OF PARENT COMPANY		PHONE NUMBER	
CORPORATION []	ADDRESS			
PARTNERSHIP []	OFFICER #1	OFFICER #2	OFFICER #3	
PROPRIETORSHIP []	OWNERS NAME	SOCIAL SEC.#	HOME PHONE #	
	OWNERS ADDRESS			
TYPE OF BUSINESS		DATE STARTED	PRESIDENT	
FEDERAL TAX ID NUMBER		DUNS NUMBER		

BANK INFORMATION

NAME OF BANK	NAME OF BANK CONTACT	ACCOUNT NUMBER
PHONE NUMBER	MAILING ADDRESS OF BANK	

TRADE REFERENCES

COMPANY NAME	ADDRESS	PHONE NUMBER	FAX NUMBER

Please, attach any copies of exemption certificates!

The information provided to Oakland Fuels, Inc. on this application by the applicant(s) and any other information provided to Oakland Fuels, including any financial statements is warranted to be accurate, complete, and true and shall be the property of Oakland Fuels. Oakland Fuels is authorized to investigate applicants credit and employment history and to answer questions about its credit experience with the applicants. If invoices are not paid when due, the applicant agrees to pay a late payment charge of 1.5% per month on the unpaid balance (Annual percentage rate of 18%) or the maximum rate allowed by law, whichever is less. Payments which are returned will be assessed a \$75 penalty. The applicant(s) agrees to pay any and all costs and expenses, including reasonable attorney fees, incurred by Oakland Fuels in collecting past due accounts. The applicant(s) hereby certifies and warrants that any credit extended as a result of this application will be used solely for business purposes and will not be used for personal, family, or household purposes. The undersigned certifies that he/she is authorized by company to bind said company to this agreement.

Signed: _____

Printed Name _____

Title: _____

Date: _____

Applicant and Signatory acknowledges receiving an exact copy of this Application, and in consideration of the granting credit: (1) agrees to be bound by the terms and conditions set forth in the agreement; and (2) agrees that the person who signs this application has the authority to do so on the behalf of the applicant and/or the parent company, and personally guarantees all present and future extension of credit. If you have any questions, please do not hesitate to call us at anytime.

Guarantor: _____

Printed Name _____

Social Security Number: _____

Date: _____



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EFT Authorization

The customer hereby authorizes Oakland Fuels, Inc. to initiate debit and credit entries to the checking account below and the bank named below. Oakland Fuels is authorized to debit and credit the same to such account for the purposes of payment of product invoices in accordance with the payment terms of the invoice. Customer has the right to stop payment of a debit entry by notification to the bank prior to charging account.

PLACE A COPY OF A VOIDED CHECK

Bank Information

Bank Name		Branch		
Bank Address	City	State	Zip Code	
Bank Routing Number				
Bank Account Type Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/>				

Customer: _____ Signed: _____

Title: _____ Date: _____

Printed Name: _____ Fed. Tax ID: _____