



CONFIDENTIAL CREDIT APPLICATION

For Office Use Only

AMSOIL INC. • AMSOIL BUILDING • SUPERIOR WI 54880 • 715-392-7101

Please Print or Type

Company Name _____

Business Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Phone _____ Fax _____

Email Address _____

Dun & Bradstreet # _____ Date Business Established _____

Municipality Partnership Corporation Sole Proprietor LLC Other _____ (please specify)

Owners/Partners/Corporate Officers:

1. _____ Title _____

2. _____ Title _____

3. _____ Title _____

TRADE REFERENCES: (Use credit sources with existing credit line. Note: credit card companies and CODs are not acceptable)

1. Name _____

Phone _____ Fax _____ Account # _____

Address _____ City _____ State/Prov. _____ Zip/Postal Code _____

E-mail Address _____

2. Name _____

Phone _____ Fax _____ Account # _____

Address _____ City _____ State/Prov. _____ Zip/Postal Code _____

E-mail Address _____

3. Name _____

Phone _____ Fax _____ Account # _____

Address _____ City _____ State/Prov. _____ Zip/Postal Code _____

E-mail Address _____

BANK INFORMATION:

Name of Bank _____ Fax _____ Phone _____

Address _____ City _____ State/Prov. _____ Zip/Postal Code _____

Account Number _____ Bank Contact _____

Amount of Credit Applied For: (estimated monthly purchases, i.e., \$500, \$1000, etc.) _____

Note: Amount of credit will be estimated if the "Amount of Credit Applied For" is left blank.

I, the undersigned, am authorized to submit this information on behalf of the above named company for the purpose of extending credit to our company. I authorize AMSOIL to contact the above credit references and authorize our bank and suppliers to furnish you with any information necessary to complete your evaluation of our credit history. Upon the approval of AMSOIL INC., this entitles me to purchase AMSOIL Products on Open Account to the extent of the credit limit approved. I understand that this account is conditional upon the above named company maintaining a favorable payment and credit history with AMSOIL INC. I understand the terms on the invoice from AMSOIL will be net 30 days. I further understand that AMSOIL reserves the right to impose a late fee of up to 1.5% per month on all accounts which are past due and to suspend the credit limit of any account at any time with proper notification.

Company Representative _____

please print

signature

Title _____ Date _____

Submit to: Account Services
AMSOIL INC. AMSOIL Building
Superior, WI 54880
FAX 715-395-5332