

Co Use Only:

Application for credit to:



MacValley Oil Company
100 Del Norte Boulevard
Oxnard, CA 93030

Acct# _____
Initials _____
Date/Time _____

(805) 485-6900

FAX (805) 988-0685

(805) 659-0722

Date _____

I/we herewith make application to MacValley Oil Co. (hereinafter "Vendor") for credit, or reconfirmation of our existing account. The undersigned gives and grants Vendor, or their agent, permission to verify or re-verify all information stated herein at any time. I/we hereby agree that all credit granted and/or extended shall be paid timely in accordance with Vendor's normal terms. I/we affirm that all information supplied is true and correct.

PLEASE ANSWER ALL QUESTIONS

Company Name _____ Partnership _____ Proprietorship _____ Incorporated _____ State _____
Business Name _____ Federal ID# _____ State Resale # _____
Physical Address _____ City _____ State _____ Zip _____ Type of Business _____
Mailing Address _____ City _____ State _____ Zip _____
Years in Business _____ If Less Than One Year, Previous Business Name & Address _____
Phone () _____ Fax () _____ Cell () _____
Does company own real property _____ No _____ Yes Address _____

LIST ALL BANK ACCOUNTS AND PHONE NUMBERS

Co Bank _____ City _____ State _____ Phone () _____ Acct# _____
Co Bank _____ City _____ State _____ Phone () _____ Acct# _____

COMPANY SUPPLIERS

Name _____ City _____ St _____ Phone () _____ Acct# _____
Name _____ City _____ St _____ Phone () _____ Acct# _____
Current Petroleum Supplier _____ Phone () _____ Acct # _____
Current Oil & Lubricants Supply _____ Phone () _____ Acct # _____

LIST ALL PRINCIPALS OF COMPANY WITH THEIR TITLES

Name _____ SS# _____ Title _____
Home Address _____ City _____ State _____ Zip _____ Own _____ Rent _____
Name _____ SS# _____ Title _____
Home Address _____ City _____ State _____ Zip _____ Own _____ Rent _____
Authorized People to Purchase _____ PO # Required _____ Amount of Credit Desired \$ _____

DEFAULT AGREEMENT

Should the Undersigned default on any obligation incurred under this agreement and the vendor refers this account to his attorney for collection and/or legal action, the undersigned agrees as follows: to pay the principle due, attorney fees and an amount of twenty-five percent of principle amount and all costs of any nature incurred by vendor to pursue the delinquent obligation. Delinquent accounts will be assessed at the rate of 1 1/2% per month (18% per year).

Signed X _____ Title _____ Date _____
Print Name _____

PERSONAL GUARANTEE

The undersigned agrees to act as a personal guarantor and co-signer to this agreement for all debts incurred both now and in the future for all monies owed by the Company, Organization, Persons or Corporations who have signed this credit application and who have been extended credit both now and in the future. Guarantor recognizes, understands and agrees that this guarantee cannot be revoked or rescinded if any balance remains owed and outstanding to the Vendor and Guarantor hereby waives their subrogation or recovery rights.

Guarantor X _____ Guarantor X _____
Print Name _____ Print Name _____