

# APPLICATION FOR CREDIT

<b>If Operating as an Individual, Please Complete This Box</b>									
DBA Name			Individual's Legal Name			DOB		SSN	
Business Address			Spouse's Name:			DOB		SSN	
City		State	Zip	Residence Address			Years There		
Business Phone		Fax #		Cell Phone		Home Phone		Email	
<b>If Operating As A Partnership, Please Complete This Box</b>									
DBA Name			1st Partners Legal Name			DOB		SSN	
Business Address			Residence Address			DOB		SSN	
City		State	Zip	City		State	Zip	Years There	
Business Phone		Fax #		Cell Phone		Home Phone		Email	
2nd Partner's Legal Name		DOB	SSN	3rd Partners Legal Name		DOB		SSN	
Residence Address			Residence Address						
City		State	Zip	City		State	Zip	Years There	
Business Phone		Fax #		Cell Phone		Home Phone		Email	
<b>If Operating as a Corporation, Please Complete This Box</b>									
Corporate Trade Name			1st Officers Full Legal Name						
Business Address			Residence Address						
City		State	Zip	City			State	Zip	
Buisness Phone Number		Buisness Fax Number			Home Phone Number		DOB		SSN
Cell Phone Number					Cell Phone Number				
Federal I.D. Number-			2nd Officers Full Legal Name-						
Corporation's Full Legal Name			Residence Address						
Date and State of Incorporation			City			State		Zip	
D & B Number			Home Phone Number			DOB		SSN	
<b>Banking Information</b>									
Name of Bank			Contact Name:						
Mailing Address			Contact Title					Contact Phone Number	
City		State	Zip	Account Number					

Amount of credit applying for weekly \$ \_\_\_\_\_.

Trade References					
1st Trade Reference			Account #		
Address			Address		
City	State	Zip	City	State	Zip
Email Address			Email Address		
Business Phone Number	Fax #	Contact Name	Business Phone Number	Fax #	Contact Name
2nd Trade Reference			Account #		
Address			Address		
City	State	Zip	City	State	Zip
Email Address			Email Address		
Business Phone Number	Fax #	Contact Name	Business Phone Number	Fax #	Contact Name
4th Trade Reference			Account #		
Address			Address		
City	State	Zip	City	State	Zip
Email Address			Email Address		
Business Phone Number	Fax #	Contact Name	Business Phone Number	Fax #	Contact Name

**Credit Policy:**

Payment for all sales is due on, or before, the seventh day from the invoice date, unless other terms have been agreed to in writing, prior to the sale. All outstanding account balances, which exceed the above terms, may be subject to a finance charge equal to 1.75 percent of the outstanding balance. This charge will be calculated and applied on a monthly basis.

In making and signing this application for credit with Bob Riley Distributors, Inc., I/We: (1) AUTHORIZE Bob Riley Distributors, Inc. to investigate and verify the above information; (2) have read with understanding, and agree to be subject to, the credit policies shown above, concerning all charge sales; (3) hereby agree to personally and unconditionally guarantee the payment of any and all debts incurred to Bob Riley Distributors, Inc., by the company name above, of which I/We are listed as an owner or partner.

_____ Authorized Signature	_____ Date	_____ Authorized Signature	_____ Date
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_____ Print Name	_____ Date	_____ Print name	_____ Date
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**Guaranty Agreement**

The undersigned guarantor(s) agree to be personally and unconditionally responsible for all obligations of the company, including the payment of all amounts due to Bob Riley Distributors, Inc., together with payment of reasonable costs and expenses, including attorney's fees, incurred by Bob Riley Distributors, Inc., for the collection of any amounts due or obtaining possession of any equipment delivered, whether or not legal action is actually commenced.

_____ Authorized Signature	_____ Date	_____ Authorized Signature	_____ Date
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_____ Print Name	_____ Date	_____ Print name	_____ Date
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**RILEY OIL COMPANY**  
**FLEET CARD**

PO Box 630

Richmond, Ky. 40476

Phone 1-800-456-3527

Fax 1-859-624-5306

I, as a representative of the company listed below, give Riley Oil Company permission to do a credit check on my banking account.

Company name \_\_\_\_\_

Company address \_\_\_\_\_

My name printed \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Bank name \_\_\_\_\_

Bank address \_\_\_\_\_

Bank phone \_\_\_\_\_

Bank fax \_\_\_\_\_

Bank acct# \_\_\_\_\_

Bank contact \_\_\_\_\_