



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 _____ Mobile _____ Fax _____

Email Address _____

Dun & Bradstreet # _____ EIN# _____ Date Business Established _____

Partnership Corporation Sole Proprietor LLC Government _____ (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: No credit limit will be established 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 said company.
I authorize AMSOIL to contact the above credit references and authorize our bank and suppliers to furnish AMSOIL with any information necessary to complete the evaluation of our credit history.
Upon the approval of AMSOIL INC., I will be entitled to purchase AMSOIL products for an open account only to the extent of the credit limit approved by AMSOIL.
I understand that this account is conditional upon favorable payment/credit history with AMSOIL.
I understand that the terms of the invoice from AMSOIL will be Net 30 Days.
I understand that AMSOIL reserves the right to impose a late fee of 1.5% per month on all past-due amounts.
I understand that AMSOIL will no longer accept orders if our account is more than 30 days past due.
I also understand that AMSOIL sends all accounts that are 90 days past due to a collections agency and that, if submitted to a collections agency, our company is responsible for all resulting collections fees.
I understand that AMSOIL will occasionally review our credit limit and reserves the right to withhold future credit.

Company Representative _____ please print _____ signature

Title _____ Date _____

Submit to: Account Services
AMSOIL INC. AMSOIL Building
Superior, WI 54880
Fax: 715-395-5332
Email: credit@amsoil.com