



APPLICATION FOR CREDIT & CHARGE PRIVILEGES

COMPANY INFORMATION:

COMPLETE LEGAL NAME OF APPLICANT: _____

TRADE NAME: _____

BILLING ADDRESS : _____

CITY, STATE & ZIP : _____

CONTACT PERSON: _____ PHONE NUMBER: _____

CORPORATION : _____ PARTNERSHIP: _____ SOLE PROPRIETORSHIP: _____

YEARS IN BUSINESS: _____ DESCRIPTION OF BUSINESS: _____

IS BUSINESS A SUSIDIARY OR FRANCHISE? YES _____ NO _____

BANK REFERENCES:

BANK NAME ADDRESS TELEPHONE

ACCOUNT NUMBER ACCOUNT TYPE OFFICER

TRADE REFERENCES:

VENDOR ADDRESS CONTACT TELEPHONE

VENDOR ADDRESS CONTACT TELEPHONE

I/WE, HEREBY AUTHORIZE SPUR OIL, INC. dba MASTERLUBE, TO INVESTIGATE THE REFERENCES HEREIN LISTED, STATEMENTS OR OTHER DATA PERTAINING TO OUR CREDIT AND FINANCIAL RESPONSIBILITY. I/WE WARRANT THE ABOVE INFORMATION TO BE TRUE AND ACCURATE. I/WE HEREBY AGREE THAT ALL PURCHASES FROM SPUR OIL, INC. dba MASTERLUBE ARE PAYABLE IN FULL AND IN A TIMELY MANNER. I/WE AGREE TO PAY ALL SPUR OIL, INC. dba MASTERLUBE'S ATTORNEY FEES ASSOCIATED WITH COLLECTION ON THIS ACCOUNT PLUS ALL ATTENDANT COLLECTION COSTS WHETHER LITIGATION IS INITIATED OR NOT, IN THE EVENT THIS ACCOUNT BECOMES DELINQUENT.

OFFICER, OWNER, PARTNER SIGNATURE TITLE

PLEASE PRINT NAME DATE