



**Toll Free: 1-800-607-4066**  
**Chattanooga Fax: (423) 622-0121**  
**Knoxville Fax: (865) 986-2950**

**CREDIT APPLICATION**

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Individual \_\_\_\_\_

NAME: \_\_\_\_\_  
 OWNERS NAME: \_\_\_\_\_  
 BUSINESS ADDRESS: CITY: \_\_\_\_\_  
 COUNTY: STATE: ZIP CODE: \_\_\_\_\_  
 TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_  
 TYPE OF BUSINESS: \_\_\_\_\_

**OFFICERS OF THE CORPORATION**

PRESIDENT: \_\_\_\_\_ VICE PRESIDENT: \_\_\_\_\_  
 SECRETARY: \_\_\_\_\_ TREASURER: \_\_\_\_\_  
 MAIL STATEMENT TO: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ ATTENTION: \_\_\_\_\_

**CREDIT REFERENCES (Main Bank & Three Largest Suppliers)**

<u>BANK / SUPPLIER NAME</u>	<u>ADDRESS</u>	<u>PERSON TO CONTACT</u>	<u>TELEPHONE NUMBER</u>

ATTACH SIGNED COPY OF CERTIFICATE OF RESALE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
 ATTACH SIGNED COPY OF FEDERAL TAXPAYER IDENTIFICATION NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

I/WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS CREDIT APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I/WE AUTHORIZE A REPRESENTATIVE OF HUNTER OIL COMPANY, INC. TO CONTACT THE BANKS LISTED ABOVE AND THE ENTITIES LISTED AS CREDIT REFERENCES TO VERIFY THE CORRECTNESS OF THIS APPLICATION. I/WE FURTHER AGREE TO PROVIDE HUNTER OIL COMPANY, INC. WITH ALL CHANGES TO THE INFORMATION PROVIDED IN THIS CREDIT APPLICATION. I/WE FURTHER AGREE TO PAY 1 1/2% INTEREST PER MONTH ON ANY OUTSTANDING BALANCES DUE TO HUNTER OIL COMPANY, INC. AND TO PAY AN ATTORNEY'S FEE OF 15% OF THE OUTSTANDING BALANCE OWED TO HUNTER OIL COMPANY, INC. ON THIS ACCOUNT IF LEGAL ACTION OF ANY KIND SHOULD BE REQUIRED TO COLLECT ANY AMOUNT DUE ON THIS ACCOUNT.

\_\_\_\_\_  
 SIGNATURE TITLE DATE