



Sales Person:

Customer Information

Legal Name:

DBA:

Mailing Address:

City:

State:

Zip:

Physical Address:

City:

State:

Zip:

Phone:

Fax:

Business Type:

FEIN #:

Customer Contacts

AP Contact:

Title:

Email:

Phone:

Equipment Contact:

Title:

Email:

Phone:

Fuel Contact:

Title:

Email:

Phone:



Sales Person:

Site Information

Site Name:

Nickname:

Physical Address:

City: State: Zip: County:

Site Contact:

Email: Phone:

Delivery Hours:

Gate Codes/
Site Notes:

Tank Number:	Tank 1:	Tank 2:	Tank 3:	Tank 4:	Tank 5:
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Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Product:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ALT Product:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tank Size:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Capacity:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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AST/UST:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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On Site Pump:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Monitor:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sales Person:

WHOLESALE FULES DIVISION CREDIT APPLICATION & AGREEMENT

Please complete the following information and email to lkinlaw@campbelloil.net or fax to (910)862-6173

A convenience fee of 3% is applied to all Credit Card and Debit Card transactions. To avoid these fees you may also pay via check, money order, bank draft, or apply for a credit account.

Company Name:

FED Number: Tax Exempt Number:

Owner(s) or Officer(s) of Company:

Title: SS Number:

Company Status:

Billing Address:

City: State: Zip: County:

Phone: Fax: Email:

Accounts Payable Contact:

Products You Wish to Purchase:

Credit Limit Requested: **For requests in the amount of \$10,000 or more, we ask that you attach your most recent financial statement.*

Delivery Address:

City: State: Zip: County:

Contact Name: Phone:

Does Your Company Require a Purchase Order Number? Yes: No:



Bank and Trade References

Please provide at least one Fuel or Lubricant Co. provider

Bank:

Account Number:

Address:

City: State: Zip:

Contact Name: Phone: Fax:

Trade Reference:

Account Number:

Address:

City: State: Zip:

Contact Name: Phone: Fax:

Trade Reference:

Account Number:

Address:

City: State: Zip:

Contact Name: Phone: Fax:

Trade Reference:

Account Number:

Address:

City: State: Zip:

Contact Name: Phone: Fax:

Our Terms are twenty-five (25) calendar days from the date of purchase for all Deliveries. Accounts are de-linquent if payment is not received by the due date. Delinquent accounts are subject to credit restrictions and a finance charge of one and a half percent per month (eighteen percent per year).

By signing below, I am stating that I am an authorized representative of the company and I am giving CAMPBELL OIL COMPANY permission to request credit information from the above references and I understand that a credit check will be ran on the company and/or owner of the company (credit check does not apply to COD customers). By signing below, I am also agreeing that the information above may be used to set up an account with Campbell Oil Company.

Signature:

Date:

Print Name:

Print Title:

Sales Agreement

The undersigned in consideration for the terms of the sale stated herein for the extension of credit by Campbell Oil Company hereby agree to the terms and conditions of this agreement. It is also understood that any amount not paid within the noted terms will be considered past due, and further, that a one and a half percent charge (eighteen percent per annum) will be added on any past due amount. In the event of default in payment, and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all cost of collections, including reasonable attorney's fee. The undersigned expressly agrees that regardless of the place of payment or individual residence, all suits at law or in equity of any breach of this agreement or for the default in payment shall be instituted and maintained in any of competent jurisdiction in Bladen County, North Carolina. The undersigned agrees that any change in ownership or the form that the business operates shall be made known to Campbell Oil Company. This notice shall be in writing and mailed to Campbell Oil Company, PO Box 637, Elizabethtown, NC 28337, by certified U.S. mail. ***By my Signature below, I acknowledge that I have read and agree to the terms of this agreement.***

Signature:

Date:

Print Name:

Print Title:

Personal Guaranty

The person signing this agreement as well as the named Applicant agrees to be personally and unconditionally liable for all charges. The guarantor further agrees to notify Campbell Oil Company in writing within ten (10) days of the receipt of the monthly statement of any discrepancies or errors in the billing of any merchandise, services, or finance charges. Failure to notify Campbell Oil Company signifies acceptance of and responsibility for prompt payment in full on the account. Charges invoiced, but not paid in full by the due date will be considered past due.

This is intended to be, and shall be construed to be, a continuing Guaranty applying to all sales made by you to the aforesaid, and shall not be revoked by the death of the Guarantor(s) but shall remain in force and effect until I/we or my/our Executors or Administrators shall have given notice in writing to make no further advances on the security of this Guaranty, and until such notice shall have been received by you.

Guarantor waives notice and presentment under the terms of this guaranty. Guarantor agrees to pay Campbell Oil Company's reasonable attorney's fees and cost of any litigation that arises out of this application or guaranty.

By signing below, I acknowledge that I have read and agree to the terms of this Personal Guaranty.

Signature:

Date:

Print Name:

Print Title:

Spouse's Signature:

Date:



Customer Location Information

Legal Name:

DBA:

Mailing Address:

City: State: Zip:

Delivery Address:

City: State: Zip:

Phone: Fax:

Business Type: FEIN #:

Customer Location Contacts

AP Contact: Title:

Email: Phone:

Purchaser Contact: Title:

Email: Phone:

Office Use Only

Date Received:

Date Approved: Approved By:

Amount Approved:

References Checked: Yes: No: Signed Tax Exempt Form? Yes: No:

References Checked By:

Date References Checked: