

Credit Application

P.O. Box 5632 | Van Buren, AR 72957 | 479-471-9992 | 800-338-3493 | Fax 479-471-9996

Customer Information (Pleas		z van Buren, AR /	2957 479-471-99	992 800-338-3493 F	ax 4/9-4/1-9996
Purchasing Contact	_Phone		Credit Amount Requested		
			D/B/A		
					_
Phone	Fax		E-mail		
Business Address	City		State		_Zip
Delivery Address	City		State		_Zip
	Corporation	Sole Propriet	orship	Partnership	
Date of Incorporation_	FEIN_		Sales Tax	r Permit	
Payment Type: EZ-Pa			Tax Type:		We buy for resale
Accounts Payable Information					
	on .		E-mail		
•		 '			
Principal Owners or Officers		_			
		Title		SSN#	
Address					Zip
				· ·	
Address		_City		State	Zip
Bank Information					
Bank Name		<u> </u>	Contact Name		
Phone		<u> </u>	Fax		
Address		_City		State	Zip
Current Supplier					
Company Name	Phone		Conta	ct Name	
Trade References					
Name		Phone		Fax	
Address		_City		State	Zip
Name		Phone		Fax	
Address Must be signed by a Compar	ny Owner or Corporate Officer	<u>City</u>		State	Zip
Fees and Other Charges: Finance cha \$125.00 charge. A \$30.00 fee will be of becharged for each returned or delay customer will be C.O.D. and payment We/I have made the above statement pay a late charge of 1% per month (12	rges of 1% per month may be added to charged for each returned check. A \$125 red EZ-Pay payment over \$1,000. If two must be in the form of a cashier® check tfor the purpose of obtaining credit. We 2% per year) on any balance not paid wis, customer and each guarantor agree to	5.00 fee will be charged f (2) returned checks or d c. e/I certify that the statem thin terms. If Frost Oil Co	or each returned or dela rafts are received mark nents are true and autho . must use an attorney o	ayed EZ-Pay payment under ed NSF, the only method of p orize you to make a credit inv or collection agency to collec	\$1,000. A \$200.00 fee will bayment available to the vestigation. We/l agree to than yoverdue amount
Printed Name			Title		
X Authorized Signature_			Date		