



**SETUP INFORMATION**

TODAY'S DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY CONTACT PERSON \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

BILLING CONTACT PERSON \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

BILLING FAX (\_\_\_\_) \_\_\_\_\_ BILLING EMAIL \_\_\_\_\_

COMPANY FEDERAL ID NUMBER (FEIN) \_\_\_\_\_ \*Please complete w-9 form included in this packet

Please write SAA if information is same as above

STORE/SHIP-TO NAME \_\_\_\_\_

MANAGER/CONTACT PERSON \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

If multiple locations

SHIP-TO 2 \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

SHIP-TO 3 \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

PLEASE CIRCLE PRODUCTS FOR QUOTING

GASOLINE— UL 87E10 UL 89E10 UL 93E10 REC90

DIESEL— ULSD clear ULSD dyed

For office use only  
CREDIT AMOUNT \_\_\_\_\_ AUTHORIZED BY \_\_\_\_\_ DATE \_\_\_\_\_



CREDIT APPLICATION

TODAY'S DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY CONTACT PERSON \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

CIRCLE ONE: SOLE PROPRIETORSHIP PARTNERSHIP LIMITED LIABILITY COMPANY CORPORATION

ANNUAL SALES \_\_\_\_\_ GALLONS \_\_\_\_\_ YRS IN BUSINESS \_\_\_\_\_ INCORPORATED IN WHICH STATE \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

BANK OFFICER \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

INFORMATION OF ALL MAJOR STOCKHOLDERS, PARTNERS AND OWNERS OF COMPANY

NAME _____	ADDRESS _____	SOC. SECURITY _____
NAME _____	ADDRESS _____	SOC. SECURITY _____
NAME _____	ADDRESS _____	SOC. SECURITY _____
NAME _____	ADDRESS _____	SOC. SECURITY _____

THREE MAJOR TRADE REFERENCES:

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

**It is Pro Energy Inc. policy to have payment in our office, within your credit terms.  
If not paid within your terms, an 18% finance charge will be charged to your account.**

SIGNATURE(S) \_\_\_\_\_ DATE \_\_\_\_\_