



Tucker Oil Company
P.O. Box 50127
Columbia, S.C. 29250-0127
Phone (803) 254-4806 Fax (803) 771-4073



Sales Representative _____		Office use only: P/S: _____, appr. _____
Company Name:		Date:
Street Address:		
Billing Address:		
City:	State:	Zip Code:
Telephone #:	Fax #:	E-Mail:
Type of Business		Date Established
Business operates as:		
Individual	Partnership	Corporation
	Tax ID / EIN:	
Tax exempt? Yes No	If exempt, please include a copy of your exemption certificate.	
Has the company ever declared bankruptcy?		
Has a company you owned ever declared bankruptcy?		
Do you have any pending lawsuits or judgements?		
Officers:		
Name	Position	SSN:
Name	Position	SSN:
Indicate the credit line that best suits your needs:		
Weekly	Bi-Weekly	Monthly
Credit Limit(\$ amount)		

TRADE REFERENCES

REFERENCE#1	REFERENCE#2	REFERENCE#3
Company:	Company:	Company:
Addr:	Addr:	Addr:
City:	City:	City:
State: Zip:	State: Zip:	State: Zip:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Bank Reference		
Bank Name:	Address:	
Account #:	City: State: Zip:	
Contact:	Phone:	Fax:

The information contained in this credit application is true to the best of my knowledge.
You are hereby authorized to obtain any additional information necessary to approve the extension of credit.

The undersigned promises to pay for all purchases in accordance with the terms of sale. If at any time the undersigned is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes you to bill my account with interest computed at 1 1/2% per month (18% annum) on any past due amounts. If it becomes necessary to incur collection costs for any amount due under this agreement, the undersigned herewith agrees to pay the additional costs associated with collections including reasonable attorney fees.

Application Requested By:
Authorized Signature:
Date: