



TRUEBLOOD OIL CO. INC.
 P O BOX 18
 FARMERSBURG, IN 47850
 812-696-5151/812-696-2153, FAX

APPLICATION FOR CREDIT

Name of Firm or Individual: _____

Type of Business: _____

Business Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____
 Corporation Partnership Individual check if incorporated in past 12 Months
 Tax Exempt Yes No (If answered yes please provide signed tax exemption form)

1. _____
 Name(s) of Principal(s) Complete Address Zip Phone # Fax #

2. _____
 Name(s) of Principal(s) Complete Address Zip Phone # Fax #

3. _____
 Name(s) of Principal(s) Complete Address Zip Phone # Fax #

4. _____
 Name(s) of Principal(s) Complete Address Zip Phone # Fax #

FINANCE

Bank _____ Account Number _____

Bank Address _____ Phone # _____ Fax # _____

REFERENCES

1. _____
 Business Name Complete Address Zip Phone # Fax #

2. _____
 Business Name Complete Address Zip Phone # Fax #

3. _____
 Business Name Complete Address Zip Phone # Fax #

We certify that the information on this form is correct.

(Signed) _____ (Title) _____ (Date) _____

The undersigned hereby agree and warrants that the statements made on this credit application and any accompanying financial information is full, true, and correct. Further, I agree to pay in accordance with my approved credit terms. I Understand and agree there will be a service charge of 1.5%, 18% annum on the past due balances. If my account is assigned for collection with an attorney or collection agency, I hereby agree to pay any and all attorney fees, collections and court costs.

 Yes, I agree to the above terms

Please do not write in the space below

Date Approved _____ Salesperson _____ Credit Approved By _____ Business Code _____