

# LYNCH OIL

1244 E. Carroll St., Kissimmee, FL 34744  
Phone: (800) 874-4161

Regional Manager: \_\_\_\_\_

Date: \_\_\_\_\_

## CREDIT APPLICATION

### COMPANY

Company Legal Name: \_\_\_\_\_ Parent Company: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
 City: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_  
 Main Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Credit Limit Requested: \_\_\_\_\_  
 Billing/Invoice Email Address: \_\_\_\_\_  
 A/P Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 A/P Email Address: \_\_\_\_\_ A/P Telephone: \_\_\_\_\_  
 Purchasing Agent: \_\_\_\_\_ P.O. Required: Yes  No   
 Proprietorship:  Partnership:  Corporation:  LLC:

(For the Proprietorship or Partnership)

### FULL NAME OF OWNER(S); LIST HOME ADDRESS AND SOCIAL SECURITY NUMBER

Name	Home Address	City	State/Zip	SS#
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

### TRADE REFERENCES:

Company Name	Contact	Address	City	State/Zip	Telephone
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

### BANK REFERENCES:

Name of Bank: \_\_\_\_\_ Account#: \_\_\_\_\_ Contact: \_\_\_\_\_ Tel. \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Name of Bank: \_\_\_\_\_ Account#: \_\_\_\_\_ Contact: \_\_\_\_\_ Tel. \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

If credit is granted, I/We understand that the terms of the sale are NET 7 days from date of invoice. Invoice repayment shall be by automatic withdrawal of funds via Electronic Fund Transfer. All invoices and ticket backup may be obtained off our website. Lynch Oil may charge interest on any past due balance at the rate of 1.5%, per month with said interest being calculated from the date of default. In the event that this account is placed with a third party for collection, I/We agree to pay all reasonable costs of collection, including attorney's fees, court costs and finance charges.

For value received, in consideration of Lynch Oil extending credit to the above business, the undersigned do each (jointly and severally) unconditionally personally guarantee the prompt payment of all goods, wares and merchandise supplied to me/us and/or the above business pursuant to the terms described herein. In the event that the account is placed with a third party for collections, I/We agree to unconditionally personally guarantee payment of all reasonable costs, including attorney fees, court costs and finance changes.

I/We authorize Lynch Oil to investigate our credit history, bank references and any information deemed necessary to extend credit. I/We agree to: (i) immediately notify Lynch Oil in writing of any change in ownership, form of business, or address, or the termination of a persons authority to incur charges under the account on behalf of the applicant; and (ii) indemnify Lynch Oil for any loss incurred thereby as a result of our failure to provide said written notice. This agreement shall remain in full force and effect until written notices of revocation by Lynch Oil. This agreement is intended to take effect as a sealed instrument.

_____	_____	_____	_____
Authorization Signature (Individually)	Print Name	Authorized Signature	Print Name
Title: _____	Date: _____	Title: _____	Date: _____