

CUSTOMER CREDIT APPLICATION

All information should be completed by the customer before the application can be approved

CUSTOMER BILLING INFORMATION

Name				EIN #/SSN
Contact Name	Last	First	MI	
Billing Address	Last	First	MI	
Telephone Number	Street	City	State	ZIP
Fax Number				
E-Mail Address				
Tax Exemption	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, tax exemption form must be filled out and attached	
Purchase Order Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Special Billing Instructions				

CUSTOMER CREDIT INFORMATION

The following information is necessary to process the application. It will be held confidential.

Bank				
Bank Officer				
Bank Address	Street	City	State	ZIP
Bank Phone Number				

References	1	Business Name	Contact	
		Address		
		Street	City	State
	Telephone Number	Fax Number		
	2	Business Name	Contact	
		Address		
		Street	City	State
	Telephone Number	Fax Number		
	3	Business Name	Contact	
Address				
Street		City	State	ZIP
Telephone Number	Fax Number			

OWNERSHIP OF BUSINESS

Number of years you have owned your business			
Name of Principal(s)	Telephone Number		
Name of Principal(s)	Telephone Number		

I certify that all the information on this form is correct. I fully understand your credit terms and agree to the proper payment in consideration of extended credit. I authorize Wallis Companies to check my credit references as listed above. Wallis Lubricant, LLC reserves the right to revoke credit, demand payment in full, and/or reduce the credit line amount. If reasonable collection or legal action is deemed necessary by Wallis Lubricant, LLC to receive monies owed, the collection or legal fees shall also be charged to, and paid by the above person, business, or organization.

X		
Signature of Owner or Officer	Title	Date