

NEW DIXIE OIL CORPORATION

Post Office Box 779 - 1501 Marshall Street
Roanoke Rapids, NC 27870
(252) 537-4118
fax (252) 537-2482
email contacts @newdixieoil.com

JOB _____

PRODUCT NEEDED _____

GASOLINE _____

MOTOR OIL _____

NON-HWY _____

IN HOUSE CHG _____

HIGHWAY _____

PACIFIC PRIDE _____

COMMERCIAL CREDIT APPLICATION

DATE _____

ACCOUNT NAME _____ TELEPHONE (____) _____

STREET _____ FAX NO (____) _____

CITY _____ STATE _____ ZIP CODE _____

P O BOX _____ CITY _____ STATE _____ ZIP _____

DATE ESTABLISHED _____ FEDERAL ID: _____

EMAIL ADDRESS: _____

1. Company operates as () Corporation, () Partnership () Individual Proprietorship

2. If Corporation, give STATE OF INCORPORATION _____ and Officers:

PRESIDENT _____ SECRETARY _____

TREASURER _____ OTHER _____

3. If Partnership, give names of all partners: _____
and spouses of partners: _____

4. If Sole Proprietorship, give name of Owner or Owners _____

5. Do you own the building from which you operate? _____ Do you own your home? _____
LOCATION OF YOUR HOME IF YOU OWN _____

6. Are your purchases for resale, or used in manufacture of goods for resale? _____
Sales Tax Exemption Number _____

7. TRADE REFERENCES - Answer each completely. Indicate whether business or personal.

Company Name

Address

City, State, Zip Code

1) _____
() Business () Personal Telephone (____) _____ how long? _____

2) _____
() Business () Personal Telephone (____) _____ how long? _____

3) _____
() Business () Personal Telephone (____) _____ how long? _____

8. Upon approval of credit, the undersigned accepts the following conditions of sale:

- (a) Prices in effect at time of sale subject to change without notice.
- (b) Shipments will be made FOB
- © Terms are net 30 days with a monthly service charge of 1 1/2% (18% annual rate) on past due accounts
- (d) For Corporations, the undersigned officer or officers will be personally responsible for debts of corporation:

SIGNED _____

DATE _____ SOCIAL SECURITY NO _____
OF OWNER: _____