

Ken's OIL SERVICE INC.

703 N Center St. Forrest, IL 61741

Phone: 1-815-657-8593

Fax: 1-815-657-8600

Credit Application

Name	Soc. Sec/Tax ID #:	-	-
Mailing Address	Driver's License #:		
City, State	Cell Phone #:		
Zip			
Billing Address			
City, State	Text Program:	Yes	or No
Zip			
Phone	Fax		
Years in Business	Purchase Order Required?	Yes	No

Sales Tax Status

Taxable Purchases Tax Exempt (If exempt, please attach a signed tax exemption certificate.)

References

Banking References		Trade References	
Financial Institution	Company Name		
Address	Address		
City, State	City, State		
Zip	Zip		
Contact Person	Fax: Phone:	Contact Person	Fax: Phone:
Financial Institution	Company Name		
Address	Address		
City, State	City, State		
Zip	Zip		
Contact Person	Fax: Phone:	Contact Person	Fax: Phone:

Attention: The authorization below must be signed by the customer before submitting this request.

CREDIT INFORMATION AUTHORIZATION:

The undersigned hereby authorizes any bank, or other lender or grantor of credit, to provide Ken's Oil Service, Inc. their financial statement and information regarding the character, reputation, financial responsibility, and indebtedness of the undersigned as requested by Ken's Oil Service, Inc. for the purpose of evaluating the commercial credit request of the undersigned, and hereby releases Ken's Oil Service, Inc. and any lender or grantor of credit furnishing such information, from any and all claims or causes of action that may arise or which they might have by reason of information furnished Ken's Oil Service, Inc. by said bank or other lender or grantor of credit. All information is confidential and will not be sold or distributed to third parties.

Customer Name

Date:

Signature and Title

Ken's Oil Service - Customer Information Form

Date: _____ Rep: _____ Type (circle one): Fuel Oil

Customer Name: _____

Billing Address: _____ Latitude _____

_____ Longitude _____

Shipping Address: _____ Latitude _____

_____ Longitude _____

Directions _____

Storage Tanks / _____

Products Used _____

Contacts: _____ Cell #/Alt Ph _____

Contacts: _____ Cell # _____

In Qb, enter cell # as alt phone, no dash, then name

Home Phone: _____ Email : _____

Invoices - Please circle One - Email or Mail Text Program: Yes or No

Additional Information _____

Farmer Tax Form: ST-587 Equipment Exemption Certificate

Business Resale Form: CRT-61 Certificate of Resale Form

Govt/School Form: Certificate for State Use or Non-Profit - need one for gas and one for diesel

Products:	Fuel	Chevron / Mobil / Ken's Oil Supreme Oils	DEF
	Antifreeze	Washer Fluid	Sprayer Winterizer Mix
	Fillrite Pumps	Absorbents	Baldwin Filters
			Floor Dry