



US LUBES LLC

P.O. BOX 3015

BLUE BELL, PA 19422

www.uslubes.com

The undisputed leader in lubricant knowledge, quality and service

CREDIT APPLICATION - NEW ACCOUNTS

PLEASE COMPLETE ALL ITEMS. PLEASE FAX COMPLETED APPLICATION TO (215) 654-9660.
ALL INFORMATION SHOULD BE TYPED OR PRINTED AND THE APPLICATION SIGNED IN INK.

BUSINESS NAME (Legal):	DBA / BUSINESS NAME:	ATTENTION:
ADDRESS:	CITY / STATE:	ZIP CODE:
PHONE:	FAX:	
EIN:	DUN & BRADSTREET NUMBER (D&B)	
DELIVERY ADDRESS (If Different Than Above):	CITY / STATE	ZIP CODE
PHONE:	FAX:	

YEARS IN BUSINESS: _____ TYPE OF ORGANIZATION: SOLE PROPRIETORSHIP PARTNERSHIP LIMITED PARTNERSHIP
 CORPORATION LIMITED LIABILITY
 SUBSIDIARY AFFILIATE OF: _____ DIVISION BRANCH

WILL PRODUCTS BE USED FOR RESALE? (YES) (NO)

SALES TAX EXEMPT NUMBER: _____ (ATTACH CERTIFICATE)

DO YOU (OWN) (LEASE) BUILDING? IF RENT FROM WHOM? _____

OWNERS, PARTNERS, MEMBERS, AND OFFICERS

FULL NAME	TITLE	HOME ADDRESS, CITY, STATE, ZIP CODE

NAME	PHONE	FAX	EMAIL ADDRESS

WITHIN THE PAST SEVEN YEARS, HAS THE APPLICANT OR ANY OTHER COMPANY INVOLVING ITS OWNERS, PARTNERS OR MEMBERS FILED FOR ANY TYPE OF BANKRUPTCY OR REORGANIZATION PROCEEDING, OR ARE THEY PRESENTLY SUBJECT TO ANY PENDING SUITS, JUDGMENTS OR LIENS? _____ IF YES, PLEASE EXPLAIN IN DETAIL ON A SEPARATE SHEET OF PAPER.

BANK REFERENCES:

NAME	CITY, STATE, ZIP CODE	PHONE	FAX	ACCOUNT NUMBER	CONTACT

TRADE REFERENCES:

NAME	CITY, STATE, ZIP CODE	PHONE	FAX	ACCOUNT NUMBER	CONTACT

CREDIT CARD PAYMENT:

NAME (As It Appears On Card)	CREDIT / DEBIT CARD TYPE VISA / MC / Discover / AMX	CREDIT CARD NUMBER	EXPIRATION DATE	SIGNATURE

PARTIES HEREBY AGREE THAT ALL PURCHASES MADE ARE SUBJECT TO THE FOLLOWING TERMS:

1. THE PURCHASER HEREBY AGREES THAT ALL AMOUNTS DUE FOR GOODS AND SERVICES PURCHASED FROM US LUBES LLC ARE PAYABLE TO: P.O. BOX 3015, BLUE BELL, PA 19422
2. THE PARTIES HEREBY ACKNOWLEDGE THAT THE GOODS AND SERVICES PURCHASED FROM US LUBES LLC ARE NOT PAYABLE IN INSTALLMENTS, BUT ARE PAYABLE IN FULL, PAYMENT TERMS ARE 30 DAYS NET.
3. THE PURCHASER HEREBY AGREES TO PAY SERVICE CHARGES ON ACCOUNT OVER 45 DAYS OLD AND/OR FOR NON-SUFFICIENT FUNDS, THESE SERVICE CHARGES WILL ACCRUE AT THE RATE OF 1.5% PER MONTH (18% ANNUM).
4. THE UNDERSIGNED PURCHASER AGREES TO PAY, IN THE EVENT THIS ACCOUNT BECOMES DELINQUENT AND IS TURNED OVER TO ANY ATTORNEY FOR COLLECTION COSTS.

THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. APPLICATION MUST BE SIGNED BY A DULY AUTHORIZED OWNER, PARTNER OR OFFICER. SIGNATURE AUTHORIZES THE RELEASE OF BANK INFORMATION AND / OR THE PROCESSING OF CREDIT CARD APPLICATION.

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AUTHORIZED SIGNATURE

PRINTED NAME

TITLE

DATE