## **APPLICATION FOR CREDIT**

## SPIGLER PETROLEUM EQUIPMENT, LLC

1280 Landing Ln. – Unit 4 Westminster, MD 21157 Phone: (443) 471-7600

Fax: (410) 848-0927 www.spiglerpetroleum.com

			Date:	
Name of Firm or Corpo	oration:	Phone:		
Address:	City:		Zip:	
Email:	Fa	nx:		
The following informa	tion is submitted for your consideration as a ba	sis of extension of credit to us	:	
We operate	perate Established			
	(Type of Business)			
Our Legal Entity is: [	Corporation [ ] Co-Partnership [ ]	Individual Proprietorship [	] LLC	
	ation Officers, Partners or Owners.			
Name	Address		_City	
Name	Address		_City	
Name	Address		City	
	Address			
Trade References	The following are <b>FIVE</b> trade references with w	hom we are presently doing bu	usiness.	
Name:	Address:		_Phone#	
	Address:		_Phone#	
Name:	Address:			
Name:	Address:			
Name:	Address:			
<b>Banking Information</b>				
We bank at: (Please for	urnish Address, Phone Number and Account Nu	mber) Amount of monthly credi	t desired:	
Bank Name:	_Address:		Acct #	
Bank Name:	Address:		Acct #	
	TERMS OF S	ALE:		
account is in excess of thirty 11/2 PERCENT PER MONT	BLE UPON RECEIPT. All jobs will be invoiced upon comply days. ANY INVOICE WHICH REMAINS UNPAID AFTER TH LATE CHARGE. If payment is not received within sixty out not limited to, court costs and reasonable collection fee	THIRTY DAYS FROM THE DATE OF days after the date of the original invoi	INVOICE WILL BE SUBJECT TO A ce, the buyer agrees to pay all	
WE HAVE READ AN	ID ACCEPT THE ABOVE TERMS			
SIGNED		COMPANY		
TITLE		DATE		

ALL SECTIONS OF FORM MUST BE COMPLETE BEFORE CREDIT CAN BE CONSIDERED

## PERSONAL GUARANTY

GUARANTOR					
O CARLAIT O	PRINT NAME	SIGNATURE	TITLE		
HOME ADDRESS					
	STREET ADDRESS				
	CITY	STATE	ZIP CODE		
	SSN	DATE OF BIRTH	TAX ID		
GUARANTOR					
	PRINT NAME	SIGNATURE	TITLE		
HOME ADDRESS					
	STREET ADDRESS				
	CITY	STATE	ZIP CODE		
	SSN	DATE OF BIRTH	TAX ID		

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