



Please Complete and fax to: (540) 324-1132
 Credit Decision require 3-4 business days for
 processing, from time of receipt.

OneSource Petroleum Supply
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:		EIN:	
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION (COMPLETE ONLY IF REQUESTING TERMS)

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account (check all that apply):	Account #:		
Savings	<input type="checkbox"/>		
Checking	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice if terms given.
2. Claims arising from invoices must be made within ten working days.
3. By submitting this application, you authorize OneSource MRO to make inquiries into the banking and business/trade references that you have supplied if requesting terms.
4. Please include any tax exemption forms as applicable.

SIGNATURES

Title:	Title:
Date:	Date: