## W.H. Thomas Oil Company, Inc. Credit Application for a Business Account

\*Please submit to: Credit Department, W.H. Thomas Oil Company, Inc., P.O. Box 890, Clanton, AL 35046-0890 Phone (205) 755-2610 Fax (205) 755-0201

Business Contact Information				
Title		Company Name		
Date Business Commenced		Type of Business (Sole Pr	oprietorship, Partnership,	Corp., Other)
Phone	Fax		Email	
. 116.115				
Registered Company Address	City		Ctata	710
	City		State	Zip
<b>Business and Credit Information</b>				
Primary Company Address			How long at current	address
City	State		Zip	
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Phone	Fax		Email	
Tione	I dA		Liliali	
Bank Name			Bank Phone	
Bank Address	Bank City		Bank State	Bank Zip
Type of Account (Savings, Checking, Other)		Account Number		
Type of Account (Savings, Checking, Other)		Account Number		
<b>Business and/or Trade References</b>				
Company Name	Address			
Type of Account	City		State	Zip
Phone	Fax		Email	
Company Name	Address			
Type of Account	City		State	Zip
Type of Account	City		State	ΣΙΡ
			- 1	
Phone	Fax		Email	
Company Name	Address			
Type of Account	City		State	Zip
Phone	Fax		Email	
Agreement	Signatures		-	
All Invoices are to be paid 20 days from the date of the	orginatures			
invoice. Claims arising from invoices must be made	Title		Title	
within 7 business days. By submitting this application you authorize W.H. Thomas Oil Company, Inc. to make	THE		THE	
enquiries to the banking, savings, business, and/or trade				
references you have supplied.	Date		Date	