

Fikes Wholesale Inc.

(254) 791-0009 ~ (254) 899-1616 Fax

CREDIT APPLICATION/CUSTOMER MASTER RECORD**Applicant Information**Company
Name:

Is your business a:

Corp. Partnership Proprietorship

Federal Tax

I.D. or SSN:

Emergency #:

Principal Owner or Stockholder:

Owner's SSN:

Owner's State DL#:

Street address:

City:

State:

County:

ZIP Code:

Phone:

Fax:

Email:

Mailing Address (if different):

City:

State:

ZIP Code:

TCEQ Facility I.D.:

Special Delivery Instructions:

Tank Gallons: Regular _____ Plus _____ Super _____ Diesel _____ Other _____

Do you have an existing Contract with another Fuel Supplier that would prevent you from purchasing from Fikes Wholesale? Yes No

Trade References

Company Name:

Address:

Contact:

Phone:

E-mail:

Fax:

Company Name:

Address:

Contact:

Phone:

E-mail:

Fax:

Company Name:

Address:

Contact:

Phone:

E-mail:

Fax:

Bank Reference

Bank Name:

Phone:

Bank Address:

Contact:

Acct. Number:

Omissions of any requested information could result in a delay or possible denial of credit application. Unsigned applications will not be approved. This is to certify that our firm is financially able to meet any commitments we have made and to pay our invoices according to your terms of _____. We agree to pay a service finance charge of 1-1/2% per month (or maximum legal rate whichever shall be the lesser) on all past due invoices outstanding at the closing of your books at month end following the month of purchase. All accounts classified as past due at this time will be placed on C.O.D. basis only until the account is returned to current status and/or the credit line is re-evaluated. There will be a service charge of \$15.00 added to all checks/drafts returned by the bank for any reason. In the account is placed into the hands of a collection agency or attorney for collection or suit instituted to collect same or any portion thereof, applicant agrees to pay all legal and collection costs incurred pursuant to applicable state laws. It is agreed that all obligations of the undersigned shall be payable at creditors office where venue shall lie for all purposes.

Authorized Signature:**Title:****Date:**

Please send all payments and inquiries to our Corporate office at:

6261 Central Pointe Pkwy. ~ P.O. Box 1287 ~ Temple, TX ~ 76503-1287