

FISHER OIL COMPANY
110 Riverdale Road • New Bern, NC 28562
(252) 633-6300 Fax: (252) 633-9070

COMMERCIAL CREDIT APPLICATION

COMPANY NAME: _____
OWNER OR PRESIDENT: _____
DATE OF BIRTH: _____ SSN: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____
BILLING ADDRESS (IF DIFFERENT): _____
CITY/STATE/ZIP: _____
YEARS IN BUSINESS: _____ TYPE OF BUSINESS: _____
BANK NAME: _____ CONTACT: _____
CITY/STATE: _____ PHONE: _____
ACCOUNT NUMBER(S): _____

TRADE CREDIT REFERENCES

(THREE SUPPLIERS)

NAME: _____ CONTACT: _____
ADDRESS: _____
PHONE: _____ FAX: _____

NAME: _____ CONTACT: _____
ADDRESS: _____
PHONE: _____ FAX: _____

NAME: _____ CONTACT: _____
ADDRESS: _____
PHONE: _____ FAX: _____

IT IS UNDERSTOOD AND AGREED SHOULD THIS APPLICATION BE APPROVED, PAYMENT FOR ALL PURCHASES DURING A GIVEN MONTH IS DUE AND PAYABLE ON OR BEFORE THE 10TH OF THE FOLLOWING MONTH. AFTER THE 20TH OF THE MONTH ANY UNPAID BALANCE WILL BE SUBJECT TO AN INTEREST RATE OF 18% PER ANNUM (1 1/2% PER MONTH). IF FULL PAYMENT IS NOT RECEIVED BY THE END OF THE MONTH FOLLOWING PURCHASES, THE ACCOUNT WILL BE CLOSED UNTIL PAYMENT IS RECEIVED.

SIGNATURE _____