



CREDIT APPLICATION

APPLICANT – Applicant represents to Gate Petroleum Company (doing business as "Gate Fleet Services") that the information given in this application is complete and accurate, and authorizes us to check with credit reporting agencies, credit references and other resources disclosed to confirm information given. Applicant requests a business charge account if approved for credit and one or more business credit cards. The undersigned applicant/buyer agrees to the terms and conditions set forth in the attached Business Charge Account Agreement. Use of any card issued pursuant to this application confirms applicant's agreement to said terms and conditions. If you have any questions regarding the completion of this application or need additional copies of the Business Charge Account Agreement, call 1-888-236-2363. Any persons signing on behalf of a business attests that the buyer is a valid business entity and that said person is authorized to make this application on the buyer's behalf.

**** REQUIRED FIELD**

COMPANY NAME _____ Taxpayer ID# (TIN, FEIN or SSN) ** _____

D/B/A _____ Dun & Bradstreet # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS ** _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: () _____ FAX: () _____

TYPE OF BUSINESS _____ CIRCLE ONE: Partnership Proprietorship Corporation LLC

BUSINESS STARTED (Month/Year) _____ FISCAL YEAR BEGINS (Month) _____

CONTACT PERSON _____ TITLE _____
(makes changes, receive cards, reports, etc.)

ALTERNATE CONTACT _____ TITLE _____

NO. OF GASOLINE VEHICLES: _____ NO. OF DIESEL VEHICLES: _____ ESTIMATED TOTAL MONTHLY PURCHASES \$ _____

BANK NAME _____ ACCT # _____ PHONE _____

ADDRESS _____ CONTACT _____

TRADE REFERENCE _____ PHONE _____

Account Number _____ CONTACT _____

TRADE REFERENCE _____ PHONE _____

Account Number _____ CONTACT _____

TRADE REFERENCE _____ PHONE _____

Account Number _____ CONTACT _____

PRINCIPALS OF BUSINESS

NAME _____ TITLE _____

ADDRESS _____ PHONE _____

NAME _____ TITLE _____

ADDRESS _____ PHONE _____

NAME _____ TITLE _____

ADDRESS _____ PHONE _____

**** REQUIRED FIELD**

A current financial statement submitted with this form will facilitate processing and will be required if purchases are to exceed \$3500 per month. Applicant understands that the cards to which their Application pertains, shall if issued, be subject to the terms and conditions applicable to the account, as they may be amended from time to time.

SIGNATURE _____ PRINT NAME _____

TITLE _____ DATE _____ (Signer must have authority to make this application on buyers behalf.)

EMAIL: _____

OFFICE USE ONLY

UNIVERSAL UNIV REFERENCE CODE _____ SALES CODE _____