

Freedom Oil

PO BOX 1789 * WARSAW IN 46581-1789 * PHONE (574)269-1506 * FAX (574)267-7168

CREDIT APPLICATION

Full Legal Name (Include DBA if Applicable)			Tax Identification Number
Billing Street Address			
City	County	State	Zip
Contact Name and Title			Phone Number
Business Description (Jobber, Dealer, C-Store, etc.)			Month and Year Started
Principal/Title (attach list of additional owners if needed)		Percent Ownership	Social Security Number
Home Address (City, State)			Phone Number
Principal/Title (attach list of additional owners if needed)		Percent Ownership	Social Security Number
Home Address (City, State)			Phone Number
CREDIT REFERENCES			
Name of Company	Account Number	Phone Number	Credit Contact
Business Bank Reference Name		Checking/Loan Account #	Phone Number
Address (City, State)		Account/Loan Officer	
Personal Bank Reference Name		Checking/Loan Account #	Phone Number
Address (City, State)		Account/Loan Officer	
BUSINESS PURPOSE: The applicant certifies that it is applying for credit for business purposes, and not for personal, family or home use.			
CREDIT INFORMATION RELEASE: I hereby authorize any bank, financial institution or trade reference listed above to release appropriate credit information on the above account(s) to Freedom Oil LLC.			
 X			

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AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

I (we) hereby authorize Freedom Oil, LLC, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the bank named below, hereinafter called BANK, to debit the same to such account.

Bank Name	Branch	
City	State	Zip
Bank Transit/AB Number	Account Number	

This authority may be terminated upon thirty days' prior written notification of its termination from me (or either of us) to the COMPANY. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging account. If an erroneous debit entry is initiated by COMPANY to a customer's account, customer shall have the right to have the amount of such entry credited to such account by BANK, if, within fifteen calendar days following the date on which BANK sent to customer a statement of account or a written notice identifying such entry, stating that such entry was in error and requesting BANK to credit the amount thereof to such account.

Name		Tax ID Number
Date	Signed	
Date	Signed	

(For questions regarding available EFT Terms, Contact Greg Cobb at (574) 269-1506)

Please attach a voided blank check to this form.