



CREDIT APPLICATION

Sales Representative: Michael March

DATE:

Click here to enter a date.

If filling out printed copy, write over "Click here to enter test" areas. **Please Print**

BUSINESS INFORMATION			DESCRIPTION OF BUSINESS		
NAME OF BUSINESS Click here to enter text.			NO. OF EMPLOYEES Click here to enter text.	FEDERAL TAX NUMBER (CORPORATION) Click here to enter text.	
LEGAL NAME (If Different) Click here to enter text.			IN BUSINESS SINCE Click here to enter text.	TYPE OF BUSINESS Click here to enter text.	
ADDRESS Click here to enter text.			BUSINESS STRUCTURE:		
CITY Click here to enter text.	STATE Click here to enter text.	ZIP Click here to enter text.	CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	PROPRITORSHIP <input type="checkbox"/>
CONTACT NAME Click here to enter text.			DIVISION/SUBSIDIARY <input type="checkbox"/>	NAME OF PARENT COMPANY Click here to enter text.	
PHONE (With Area Code) Click here to enter text.	LOCAL PHONE (With Area Code) Click here to enter text.		INDIVIDUAL <input type="checkbox"/>	Social Security No. Click here to enter text.	
FAX (With Area Code) Click here to enter text.	EMAIL Click here to enter text.				
COMPANY PRINCIPLES RESPONSIBLE FOR BUSINESS TRANSACTIONS					
NAME Click here to enter text.		TITLE Click here to enter text.		EMAIL Click here to enter text.	
HOME ADDRESS (If Partnership or Proprietorship) Click here to enter text.				HOME PHONE (If Partnership or Proprietorship) Click here to enter text.	
NAME Click here to enter text.		TITLE Click here to enter text.		EMAIL Click here to enter text.	
HOME ADDRESS (If Partnership or Proprietorship) Click here to enter text.				HOME PHONE (If Partnership or Proprietorship) Click here to enter text.	
BANK REFERENCE					
BANK NAME Click here to enter text.		BANK ADDRESS Click here to enter text.		ACCOUNT NUMBER Click here to enter text.	
TRADE REFERENCES (Local Area Preferred)			Must Include		
FIRM NAME		CONTACT NAME		EMAIL (OR PHONE NUMBER IF NEEDED)	
1. Click here to enter text.		Click here to enter text.		Click here to enter text.	
2. Click here to enter text.		Click here to enter text.		Click here to enter text.	
3. Click here to enter text.		Click here to enter text.		Click here to enter text.	
CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY					
<p>I hereby certify that the information in this Credit Application is correct. The information included in this Credit Application is for use by Universal Oil, Inc., in determining the amount and conditions of credit to be extended. I understand that Universal Oil, Inc., may also utilize other sources of credit information which it considers necessary in making this determination. In the case of partnership or proprietorship, I also authorize Universal Oil, Inc. to obtain credit reports on the owners personally. Further, I hereby authorize the bank and trade references listed in this Credit Application to release the information necessary to assist Universal Oil, Inc., in establishing a line of credit.</p> <p>***If you are filling out this form electronically please type your name in the signature line. By doing so you are stating that you agree to the terms above.</p>					
SIGNATURE Click here to enter text.		TITLE Click here to enter text.		DATE Click here to enter text.	
<p>POLICY STATEMENT: INITIAL ORDER FROM NEW ACCOUNTS WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THE ABOVE-REQUESTED INFORMATION.</p> <p>TERMS: Will be determined by Universal Oil, Inc., following the receipt of the above requested information.</p> <p>Please return this Credit Application to: Universal Oil, Inc. • 265 Jefferson Avenue • Cleveland, Ohio 44113-2594 • Phone: 216 771 4300 For your convenience, you may email this form back to aprilw@universaloil.com or marchm@universaloil.com</p>					

FOR INTERNAL USE ONLY. PRIVATE AND CONFIDENTIAL!



265 Jefferson Avenue • Cleveland, Ohio 44113-2594
 (216) 771-4300 • (800) 362-1530
 www.universaloil.com

Billing and Contact Information

Policy Statement: Initial order from new accounts will not be processed unless accompanied by the information requested below.

Please Print

Billing Information

EMAIL Click here to enter text.		DATE Click here to enter a date.	
COMPANY/ORGANIZATION NAME Click here to enter text.		BILLING ADDRESS Click here to enter text.	
CITY Click here to enter text.		STATE Click here to enter text.	ZIP Click here to enter text.
ACCOUNTS PAYABLE CONTACT NAME Click here to enter text.	PHONE (With Area Code) Click here to enter text.	FAX (With Area Code) Click here to enter text.	
FEDERAL IDENTIFICATION NUMBER Click here to enter text.	PURCHASE ORDER REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	SALES TAX EXEMPT FUEL YES <input type="checkbox"/> NO <input type="checkbox"/> LUBES YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, please provide exemption certificate</i>	
PURCHASING CONTACT NAME (IF DIFFERENT) Click here to enter text.	PHONE (With Area Code) Click here to enter text.	FAX (With Area Code) Click here to enter text.	

Shipping Address - For Gasoline, Diesel Fuel & Lubricant Deliveries.

In the case of multiple shipping addresses, please provide all information requested below on separate sheet.

DEPARTMENT NAME Click here to enter text.	SHIPPING STREET ADDRESS Click here to enter text.	CITY Click here to enter text.	STATE Click here to enter text.	ZIP Click here to enter text.
CONTACT NAME AT SHIPPING ADDRESS Click here to enter text.	ACCEPTABLE DELIVERY HOURS Click here to enter text.	PHONE (With Area Code) Click here to enter text.	FAX (With Area Code) Click here to enter text.	

Please list any special requirements for deliveries or invoicing necessary to service your account.

Click here to enter text.

Please call us with any questions you may have, for your convenience you may email us at

aprilw@universaloil.com or marchm@universaloil.com



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To: Universal Oil Customers
Subject: Delivery ticket signatures

Our current economy has changed some things for all of us. One of the things it has forced Universal Oil to address is the need to have a signature or a waiver for all of our deliveries. Unfortunately, the nature of our business and yours is that it is not always practical to obtain a signature when a delivery is made.

Some delivery locations:

- Are remote and a signature is impractical
- Only allow certain people to sign and they are busy
- Are on a keep-fill and no one is available to sign

We do not want to miss any deliveries but we need to be as efficient and productive as possible. So, effective immediately our new policy for deliveries will be as follows:

- We will continue to request a signature whenever practical on every delivery
- Our driver will make every effort to obtain a signature, but will leave if he is unable to get a signature within 15 minutes

Please complete one of the statements below and return by email @ aprilw@universaloil.com or marchm@universaloil.com

***If you are filling out this form electronically please type your name in the signature line. By doing so you are stating that you agree to the terms stated.

We understand every effort will be made to obtain a signature, but after 15 minutes I release Universal Oil of the requirement to obtain a signature:

Please Print Company Name: [Click here to enter text.](#)

Signed: [Click here to enter text.](#)

Or

We require a signature for every delivery made:

Please Print Company Name: [Click here to enter text.](#)

Signed: [Click here to enter text.](#)

Thank you

Scott M. Fox, President
Universal Oil, Inc.

