



Customer Application Form

(The information contained in this form shall be used for the express purpose of managing customer accounts and shall not be sold or distributed to third parties)

COMPANY NAME:: _____

Type of Entity: Corporation____; Partnership____; Trust____; Other (Please Specify)_____

Street Address: _____ **Suite:** _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Telephone _____ **Fax:** _____ **Tax ID #:** _____

Email Address: _____

BANK INFORMATION

Bank Name: _____ **ABA or SWIFT Number:** _____

Bank Address: _____ **Account Number:** _____

Beneficiary: _____

TRADE REFERENCES: (Where Credit Accounts Are Applicable)

1. **Company Name:** _____ **Contact:** _____ **Eemail:** _____

Address: _____ **Phone No.** _____ **Fax No.** _____

2. **Company Name:** _____ **Contact:** _____ **Eemail:** _____

Address: _____ **Phone No.** _____ **Fax No.** _____

3. **Company Name:** _____ **Contact:** _____ **Eemail:** _____

Address: _____ **Phone No.** _____ **Fax No.** _____

I (We) fully understand your credit terms and agree to the proper payment in consideration of extended credit (Net 30 Days)

The undersigned hereby attest(s) the above information is complete and accurate. The undersigned hereby authorize(s) Western States Oil to verify any or all of the foregoing information.

Agreed and accepted:

By (Signature) _____ **Date:** _____

Printed Name: _____ **Title:** _____