

CONTACT INFORMATION			
Name		Business start date (if applicable)	
Company name (if applicable)		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Personal	Credit Limit Requested
Phone			
How long at current address			
Registered address City, State ZIP Code			
Email		Date of Birth	
Email Statements and Invoices	<input type="checkbox"/> Invoices <input type="checkbox"/> Statements	Social Security Number/FEIN	
CREDIT INFORMATION			
Employer		Bank name:	
Business Address City, State ZIP Code		Primary business address City, State ZIP Code	
Phone		Phone	
Your job title		Account number	
How long employed?		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP code		Email	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP code		Email	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP code		Email	
Type of Account		Other	

1. All invoices are to be paid on or before the 15th of the following month.
 - a. In the event payment is not prompt a monthly service charge of 1.67% (20% APR) will be added to the unpaid balance until paid.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Deuel County Farmers Union Oil Company DBA DCFU to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES			
Signature		Approving Signature	
Name and Title		Approved Limit	
Date		Date	