



HOLTZMAN OIL CORPORATION
Application for Credit – Commercial – Fuel Card

SECTION 1 – APPLICANT			
FULL LEGAL BUSINESS NAME (hereinafter "Applicant")		PHONE NO:	FAX NO:
STREET ADDRESS	CITY	STATE	ZIP CODE
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LIMITED LIABILITY CO. (LLC) <input type="checkbox"/> LIMITED PARTNERSHIP (LP) <input type="checkbox"/> CORPORATION			
IN THE STATE OF	DATE STARTED	FED. TAX ID / SOCIAL SECURITY	BUSINESS LICENSE NO.
TAX EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO (ATTACH CERTIFICATE)	MONTHLY CREDIT LIMIT REQUESTED:	DESCRIPTION OF BUSINESS	
NAME: ACCOUNTS PAYABLE OR CONTROLLER:		DIRECT TELEPHONE:	E-MAIL:
ARE FINANCIAL STATEMENTS AVAILABLE FOR THE PAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTACH COPIES.			
SECTION 2 – OWNERS, PARTNERS OR OFFICERS			
NAME (FIRST, MIDDLE, LAST)	% OWNERSHIP	TITLE	SOCIAL SECURITY NO.
HOME ADDRESS	TELEPHONE NO.	MOBILE NO.	E-MAIL
NAME (FIRST, MIDDLE, LAST)	% OWNERSHIP	TITLE	SOCIAL SECURITY NO.
HOME ADDRESS	TELEPHONE NO.	MOBILE NO.	E-MAIL
SECTION 3 – FUEL CARDS			
NUMBER OF FUEL CARDS REQUESTED: _____	CARD RESTRICTIONS: VEHICLE NO. REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	MILEAGE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
SECTION 4 – BANKING			
COMMERCIAL BANK	ACCOUNT NO.	PHONE NO.	
ADDRESS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		LOAN OFFICER
<p>NOTICE TO APPLICANT: Credit terms are Prox. 20. All charges made in a given month are due and payable in full by the 20th of the following month. We hereby authorize Holtzman Oil Corp. to obtain information required to approve credit from my bank as listed on this application. I/We authorize Holtzman Oil Corp. to make inquiries considered necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating this application, and subsequently, for purposes of reviewing, maintaining or collecting this account. This contract shall be construed under the laws of the State of Virginia, and the parties agree that jurisdiction and venue in any legal action relating to this contract shall be established, instituted, and prosecuted in the Courts of the County of Shenandoah, State of Virginia. To the extent permitted under applicable law, you will be responsible for interest at the rate of 18% per annum on all amounts not paid within terms and for all collection costs including reasonable attorney's fees, court costs and any other fees necessary for collection of any unpaid balance or for any other legal action relating to this contract.</p> <p>APPLICANT'S SIGNATURE: _____ DATE: _____</p> <p>APPLICANT'S SIGNATURE: _____ DATE: _____</p>			
<p>PERSONAL GUARANTY: I/we do hereby unconditionally guaranty payment on all accounts opened and approved by this application. This is a continuing guaranty and shall remain in force until revoked by me or us in writing. Each person who signs this guaranty/application can personally be held jointly and severally liable for all amounts owing without suit having been filed first including interest at the rate of 18% per annum on all amounts not paid within terms and for all collection costs including reasonable attorney's fees, court costs and any other fees necessary for collection of any unpaid balance or for any other legal action relating to this contract. We hereby authorize Holtzman Oil Corp. to obtain information required to approve credit from my bank as listed on this application. Guarantor(s) consent(s) to the jurisdiction of the courts of Shenandoah County, Virginia, over any action filed against guarantor for the collection of the account. By signing this application, I/We authorize Holtzman Oil Corp. to make inquiries considered necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating this application, and subsequently, for purposes of reviewing, maintaining or collecting this account.</p> <p>GUARANTOR: _____ GUARANTOR: _____</p> <p>PRINT NAME/DATE: _____ PRINT NAME/DATE: _____</p> <p>WITNESS: _____ WITNESS: _____</p>			

CONFIDENTIAL INFORMATION FOR THE FILES OF HOLTZMAN OIL CORPORATION