



# CREDIT APPLICATION

**GEN OIL**

Please Email Completed Application To:  
Billing@GenOilCorp.com

1238 Anderson Road  
Clawson, Michigan 48017

Phone 855-436-3835 (FUEL)  
Fax 248-850-2219  
FEIN 45-3266554

Application Date:

Orders@GenEnergyServices.com

### Section I

Customer/Legal Name			Tax I.D.#		
Physical Address			Phone		
City	State	Zip	Fax		
Mailing Address (if different)		City	State	Zip	
Nature of Business			Years in Business	Number of Employees	
Ship-to Address #1		City	State	Zip	
Ship-to Address #2		City	State	Zip	

If there are more than two ship-to addresses, please submit on a separate sheet.

### Section II

Accounts Payable Contact Name:	Preferred Contact Method (circle one and enter all): Phone/Fax/E-mail
Purchasing Contact Name:	Preferred Contact Method (circle one and enter all): Phone/Fax/E-mail
Main Contact Name:	Preferred Contact Method (circle one and enter all): Phone/Fax/E-mail

### Section III

Corporation  
 Co-Partnership  
 LLC  
 Proprietorship

If a Corporation, List Officers Names and Titles  
If Other Entity, List Names of Partners or Owners

Officer / Principal	Officer	Officer
Home Street Address		Home Phone
City	State	Zip
		Fax

### Bank References

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Trade References:

Name: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

ADDITIONAL INFO IF RETAIL APPLICANT

Principal Name: \_\_\_\_\_

Principal SSN: \_\_\_\_\_ Principal DOB: \_\_\_\_\_ Principal Driver License #: \_\_\_\_\_

**Section IV: Taxes**

What products will you be purchasing?

- Specialty Diesel Fuel
- Specialty Gasoline
- #1/#2 Ultra Low Sulfur Diesel
- #1/#2 Dyed Ultra Low Sulfur Diesel
- Pure Power Premium Diesel (LS/ULS/BIO)
- Kerosene (LS/ULS)
- Biodiesel (B5, B10, B20, B99) (LS/ULS)
- Dyed Biodiesel (B5, B10, B20, B99) (LS/ULS)
- Gasoline
- Ethanol Blended Gasoline (E10)
- RFG Gasoline
- E85 Blends

Will you be reselling the product? Yes/No

If Yes, are you reselling at a wholesale or retail level? \_\_\_\_\_

If you are reselling at a wholesale level, will you be blending the product? Yes/No

If No, are you a State or Federal agency? Yes/No

If No, are you an Industrial Processor or using for a non-motor use? Yes/No

If No, are you a non-profit or private school? Yes/No

**Section V: Required Information**

List Capacity of Tank \_\_\_\_\_

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Type of Product Contained \_\_\_\_\_

Type of Product Contained \_\_\_\_\_

Location of Tank \_\_\_\_\_

Location of Tank \_\_\_\_\_

Avg Daily & Weekly Usage (gal) \_\_\_\_\_

Avg Daily & Weekly Usage (gal) \_\_\_\_\_

Available Delivery Times: From/To \_\_\_\_\_ / \_\_\_\_\_

Available Delivery Times: From/To \_\_\_\_\_ / \_\_\_\_\_

Available Delivery Days: M T W Th F S S (circle all applicable)

Available Delivery Days: M T W Th F S S (circle all applicable)

Est. # of Deliveries: \_\_\_\_\_  weekly  monthly

Est. # of Deliveries: \_\_\_\_\_  weekly  monthly

If there are more than two tanks, please submit on a separate sheet.

Automatic Delivery

Customer Will-Call

If you own your own tanks, please complete the following:

Have Tanks Been Tested? \_\_\_\_\_

Who Tested? \_\_\_\_\_

Tested When? \_\_\_\_\_

Results of Tank Test: \_\_\_\_\_

The undersigned agree(s) to reimburse Seller for any and all costs and expenses (including without limit, court costs, legal expenses, collection expenses, and reasonable attorney fees). All costs to install and remove fuel tanks will be reimbursed by the undersigned to Seller. By signing below I agree to let Seller obtain personal credit bureau reports on the corporate officers and/or principals listed in Section III and also give the abovementioned financial institution(s) permission to disclose any information regarding our business accounts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

OFFICE USE ONLY

Submitted by Salesman #:

- Approved Terms:
- Net / 30 Day Account
  - Net / 10 Day Account
  - 3-day EFT
  - Pay Via Credit Card
  - EFT/ACH (circle one)
  - C.O.D.

Approved Credit Line: \_\_\_\_\_