

Date of Application _____

ACCOUNT APPLICATION

BILL TO INFORMATION

Legal Company Name _____ Business Structure:
DBA: _____ Individual
Physical Street Address _____ Partnership
Mailing Address (if different) _____ Corporation
City, State, Zip Code _____ LLC
Accounts Payable Contact _____ Government
Phone Number _____ Fax Number _____
Email address _____
Type of Business _____ Years in Business _____

If individual or partnership, list full names of owners. If Corporation or LLC list names of principal owners.

1. Full Legal Name _____

Full Home Address _____ Social Security Number _____

Phone# _____ Mobile Phone# _____ email: _____

2. Full Legal Name _____

Full Home Address _____ Social Security Number _____

Phone# _____ Mobile Phone# _____ email: _____

(If more than two owners, check here _____, and attach additional information.)

Corporations and LLC's must complete the following:

State of Incorporation _____ Date of Incorporation _____

Federal ID# / SS # _____

Branch: Yes No If branch, pay locally or by headquarters

Parent Company Name _____

Physical Street Address _____

Mailing Address, if different _____

City, State, Zip Code _____

Phone Number _____ Fax Number _____

Email Address _____

CREDIT APPLICATION

Our normal terms are cash unless credit is extended.

Purchase Order Required? Yes ____ No ____ Monthly Statement Required? Yes ____ No ____

Direct Payment Authorization (EFT) Yes ____ No ____ Invoice copies: Mail, email or Fax# _____

The undersigned agree(s) that, in exchange for credit to my (our) corporation/business and /or to me (us) individually:

1. Payment in full will be made within the terms of purchase as stated on individual invoice.
2. Finance Charge of 1 ½% per month (APR 18%) will be added to balances not paid by the 10th of the month following purchase.
3. Denson Oil Company and its affiliates is authorized to investigate my (our) credit through any of my (our) creditors, past or present, and any legitimate credit rating agency, and to report my (our) credit history with Denson Oil Company and its affiliates with any legitimate inquirer.
4. All statements made by me/us in this application for credit are complete and accurate.
5. A service charge of \$40 plus all bank fees may be applied to any returned check or NSF.
6. Restocking charges on all goods returned for credit may be applied.
7. In the event suit is filed to enforce payment, I/we agree to pay all reasonable attorney fees and expenses of collection.

Company Name _____

Signature _____ Title _____

Printed or typed Name _____ Date _____

The undersigned jointly and severally agree to unconditionally guarantee payment of all sums and fees owed pursuant to this agreement. This continuing guaranty is absolute and complete, and acceptance and notice of acceptance thereof by Denson Oil and Affiliates is unnecessary and they are expressly waived, and the same shall continue in force until written notice of discontinuance shall be delivered to Denson Oil Company, but such discontinuance shall not affect the liability of any debts or obligations then existing.

(Personal Guarantor)

(Personal Guarantor)

Attach photocopy of applicants Drivers License here:

Please return this application, a copy of your most recent Financial Statement (preferably signed and audited), or other financial information that would assist us in considering your request for credit. Rest assured that any information provided will be held in strictest confidence and be only for our credit-granting purposes. If the above information cannot be provided, please indicate the reason.

Bank References (Provide two)

1. Name of Bank _____ Address _____
City, State, Zip _____ Phone Number _____
Checking Account # _____ Savings Account # _____
Officer of Preference _____

2. Name of Bank _____ Address _____
City, State, Zip _____ Phone Number _____
Checking Account # _____ Savings Account # _____
Officer of Preference _____

Trade References (Provide three)

1. Name _____ Address _____
City, State, Zip _____ Phone Number _____
Checking Account # _____ Savings Account # _____
Contact Name _____

2. Name _____ Address _____
City, State, Zip _____ Phone Number _____
Checking Account # _____ Savings Account # _____
Contact Name _____

3. Name _____ Address _____
City, State, Zip _____ Phone Number _____
Checking Account # _____ Savings Account # _____
Contact Name _____

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with our terms.

The above information as well as that given on the other pages of this application is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

By _____ Title _____ By _____ Title _____

****On the next 2 pages, just sign above "Authorized Signature." These will be used to gather your credit history.**

Denson Oil Company, Inc.
Denson Food Mart, Inc.
P. O. Box 403, 2874 Highway 15 North
Bay Springs, Mississippi 39422-0403

Date: _____

To: _____

Fax Number: _____

Attention: Accounts Receivable

Subject: _____

Your name has been submitted as a credit reference by the above named subject. Please answer the following questions and **return this inquiry via FAX to 601-764-9872** as soon as possible.

All information you supply will be held in strict confidence. Thank you for your cooperation. We will be happy to assist you in future credit inquiries.

Sincerely,

Beth Denson Butler
Credit Department

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

Authorized Signature _____



Sold since: _____ Date of Last Sale: _____

Recent High Credit: \$ _____ Terms of Sale: _____

Current Balance: \$ _____ Pay Experience _____

Amount Past Due: \$ _____ Days Past Due: _____

Additional Comments _____

Information Provided By:

_____ Date _____

Denson Oil Company, Inc.
Denson Food Mart, Inc.
P. O. Box 403, 2874 Highway 15 North
Bay Springs, Mississippi 39422-0403

Date: _____

To: _____ BANK

Fax Number: _____

Attention: Bank Officer _____

Subject: _____

Your name has been submitted as a credit reference by the above named subject. Please answer the following questions and **return this inquiry via FAX to 601-764-9872** as soon as possible.

All information you supply will be held in strict confidence. Thank you for your cooperation. We will be happy to assist you in future credit inquiries.

Sincerely,

Beth D. Butler
Credit Department

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

Authorized Signature _____



Length of Business relationship: _____

Checking Information:

Average Balance _____
Rating _____
Number NSF's _____

Savings Information:

Average Balance _____

Loan Information:

Date of Most Recent Loan _____
Type of Loan(s) _____
Rating _____
Payout Amount _____
of Past Due Notices _____

Additional Comments _____

Information Provided By:

_____ Date _____