

**Denson Oil Company, Inc.**

P. O. Box 403, Bay Springs, MS 39422  
Phone 601-764-9870 Fax 601-764-9872

**Account/Credit Application**

Date of 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.**

Full Legal Name \_\_\_\_\_  
Full Home Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Phone# \_\_\_\_\_ email: \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
Full Home Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Phone# \_\_\_\_\_ email: \_\_\_\_\_  
(If more 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 10<sup>th</sup> 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)**

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 Reference (To offer two banking references, just attach the additional information.)**

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Officer of Preference \_\_\_\_\_  
Checking Account Number \_\_\_\_\_  
Savings Account Number \_\_\_\_\_

**Trade References (Provide at least three with which you have current and active accounts.)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Contact Name \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Contact Name \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
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 page 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,

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

Linda D. Gordon  
Credit Department

\_\_\_\_\_  
**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,

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

Linda D. Gordon  
Credit Department

\_\_\_\_\_  
**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 \_\_\_\_\_