

Cambeck Petroleum Corp.
P.O. BOX 8218
Janesville, WI 53547-8218
Phone: 608/754-4393
Fax: 608/754-5301

CREDIT APPLICATION

COMPANY NAME (in full): _____

ADDRESS: Street _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE NUMBERS: Business () _____ **Fax : ()** _____

E-MAIL ADDRESS: _____

COMPANY STATUS (Please circle one): **Corporation** **Partnership** **Sole Proprietorship** **LLC**

State Incorporated: _____

YEARS IN BUSINESS: _____ **COMPANY TAX ID #** _____

If corporation, list names of officers and principal stockholders and percent ownership of stockholders. If LLC, list names of members and/or manager and percent ownership of members.

***IMPORTANT: Based on our credit review a copy of your last Annual Financial Statement may be required.**

BANK REFERENCE:

Banker's name: _____

Bank: _____ Phone: _____

Address: _____ State: _____ Zip: _____

SUPPLIER OR TRADE REFERENCES:

1. Name: _____ Phone () _____ Fax : () _____

Address: _____ State: _____ Zip: _____

2. Name: _____ Phone() _____ Fax:() _____

Address: _____ State: _____ Zip: _____

3. Name: _____ Phone() _____ Fax:() _____

Address: _____ State: _____ Zip: _____

Terms: Due at time of delivery or Net in 10 days with a Bank Letter of credit.

Cambeck Petroleum Corp. has permission to correspond with the above bank or trade references. I have read and agree to the credit terms shown above and have retained a copy of such credit terms.

Sign name: _____ **Date:** _____

Print name: _____ **Title:** _____