### **Newsom Oil Company**

# **Distributor Since 1945** FAX: (407) 422-5685

800-785-6397

## **Credit Application**

Snipping Address:					
Name :					
Street:					
City:	State:	Zip:	P	hone:	
Billing Address (if	Different from abo	ove):			
Name :					
Street:					
City:	State:	Zip:	P	hone:	
Type of Business:	□ C-Corp □ S-C	Corp   Partr	nership 🗆 So	le Proprietor	
Exempt from Sales Certificate. Trade References:	Tax:   Yes	No If Yes,	please attach	or fax Sales Tax Exem	ption
Reference #1:					
Name:		Phone:		Fax:	
Street:		City:		State:	
Contact Name:		Cree	dit Limit:	Terms: Net	days
Reference #2:					
Name:		Phone:		Fax:	
Street:		City:		State:	
Contact Name:		Cre	dit Limit:	Terms: Net	days
Reference #3:					
Name:		Phone:		Fax:	
Street:		City:		State:	
Contact Name:		Cre	dit Limit:	Terms: Net	days

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#### Credit Terms:

- 1. All open account credit terms are net 30 days from the date of the invoice or net due 10<sup>th</sup> of the month following the date of purchase.
- 2. An interest charge of 1.5% per month (18% per annum) will be added to accounts with invoices more than 45 days old.
- 3. Any account with 60 days past due will be put on C.O.D. until the account is current.
- 4. There will be a \$15.00 charge on all returned checks.
- 5. If any action has to be taken to collect the amounts due to Newsom Oil Company, you agree to be responsible for reasonable attorney fees, legal fees, court costs and/or collection expenses if you are deemed to be responsible for over 50% of the amounts in question. If you are deemed responsible for less than or equal to 50% then each party will carry their own expenses.
- 6. All information given on this credit application is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Newsom Oil Company to investigate the references listed pertaining to my credit and financial responsibility.
- 7. Upon acceptance of this application, and by the issuance of an open line of credit, the applicant agrees to abide by the credit policies of Newsom Oil Company and to give advance notice of any changes in business ownership or structure.

y signing below I assert that the information presented herein is accurate and that I am	
athorized to act on behalf of the entity receiving credit and agree to the credit terms as I	listed
pove.	

Authorized Signature:	Title:	
	-	
Date:		