



2200 Clifton Avenue  
Nashville, TN 27203

## COMMERCIAL CREDIT APPLICATION

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Operates as:

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Other \_\_\_\_\_

Principal Officers/Partners/Owners:

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

State of TN Sales Taxable: Yes \_\_\_\_\_ No \_\_\_\_\_

(If No, Please include Tax ID Number on form)

Accounts Payable Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Desired Credit Limit: \_\_\_\_\_

FEIN: \_\_\_\_\_

DUNS Number: \_\_\_\_\_

Bank References

Name of Bank: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

Name of Bank Officer(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Credit References

<u>Name</u>	<u>Account #</u>	<u>Telephone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please Read Carefully:**

The undersigned hereby agrees to the terms of sale, as agreed upon by both parties.. A one and a half percent (1-1/2%) service charge (18% annually) will be added on any past due portion that becomes 30 days past due. In the event of default in payment and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees. The undersigned does hereby certify that the information contained on this page is true and correct. The undersigned further agrees that any changes in ownership or officers or form that the business operates as shall be made known to us. The notice shall be in writing and mailed to:

Kimbro Oil Company  
P.O. Box 23089  
Nashville, TN 37202-3089

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**KIMBRO OIL COMPANY**

2200 Clifton Avenue  
Nashville, TN 27203

**Company Profile**

For Administrative Purposes Only  
To be completed by KOC Associate

Date Account Established: \_\_\_\_\_

Kimbro Oil Sales Representative: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title; \_\_\_\_\_

Contact Person Telephone Number: \_\_\_\_\_

Contact Person Email Address: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

KOC Customer ID: \_\_\_\_\_ FEIN: \_\_\_\_\_

Company Name: \_\_\_\_\_ Ship to Address:

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

Company Telephone Number: \_\_\_\_\_

Company Fax Number: \_\_\_\_\_

Credit Terms: \_\_\_\_\_

Tax Exempt Certificate Number: \_\_\_\_\_

Established Credit Limit: \_\_\_\_\_ Date: \_\_\_\_\_

Price Level: \_\_\_\_\_

Account Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Account Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Account Approval: \_\_\_\_\_ Date: \_\_\_\_\_