



KIMBRO OIL COMPANY

2200 Clifton Avenue

Nashville, TN 37203

Phone: (615) 320-7484 Fax: (615) 320-3099

kimbroaccounting@kimbrooil.com

COMMERCIAL CREDIT APPLICATION

Name of Applicant: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Business Operates as:

Corporation _____ Partnership _____ LLC _____ Other _____

Kimbro Oil Salesperson: _____

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 _____ **FEIN:** _____

NOTE: To be set up as NOT taxable, we must have the Tax ID number **and** a copy of the resale/tax exemption certificate. Also note, most tax exemptions are not applicable for fuel tax.

Accounts Payable Contact: _____ **Phone:** _____

Please list where invoices and/or statements should be sent (email is preferred method):

Email: _____

Mailing Address: _____

Desired Credit Limit: _____ **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, which are stated, on each invoice. 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:** _____



**ELECTRONIC FUNDS TRANSFER
AUTHORIZATION DEBIT AGREEMENT**

_____ (“Customer”) hereby authorizes Kimbro Oil Co. entries to customer’s bank account indicated below and the bank named below.

Account Type: Checking Savings

Bank Name: _____

City: _____ State: _____ Zip: _____

Bank Contact: _____

Routing #: _____ Account #: _____

I hereby authorize Kimbro Oil Company to initiate credit entries into my account as identified by the attached check. Such transactions are for a sum due and owing Kimbro Oil Co. as supported by invoice. This authorization will remain in effect until terminated upon written notice by either the Customer or Kimbro Oil Company.

Authorized this _____ day of _____, 20_____.

Signature

Print Name and Title

NOTE: Please attach copy of void check.

Mail To: Kimbro Oil Company
Attn: Kelly Drye
PO Box 23089
Nashville, TN 37202

or Fax To: (615) 320-5916
Attn: Kelly Drye

If you have any questions please contact Kelly Drye at (615) 320-7484 or by e-mail at kimbroaccounting@kimbrooil.com.