

Laughlin Oil Co.

P.O. Box 767, McMinnville, OR 97128
 (503) 472-7215, fax: (503) 472-7053
 1-800-800-3175 Oregon

Customer Information

FIRM ADDRESS	Full Name of Firm	Telephone Number ()	Fax Number ()	
	Mailing Address	City	State Zip	
	Street Address	City	State Zip	
	Accounts Payable Contact	Credit Line Requested \$	FEDERAL TAX ID # State Resale #	
LEGAL STRUCTURE	CHECK APPROPRIATE BOX AND PROVIDE INFORMATION REQUESTED			
	Are you presently a Pacific Pride cardholder? <input type="checkbox"/> Yes <input type="checkbox"/> No	Card #	When did you last use your card?	
	<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC	Name and Address of Parent Company		
	<input type="checkbox"/> Subsidiary of Parent Corporation	Date Established: _____	_____	
	<input type="checkbox"/> Corporation	Type of Business: _____	_____	
	<input type="checkbox"/> Partnership	_____	_____	
	<input type="checkbox"/> Other	Telephone ()		
	E-MAIL ADDRESS	WEB SITE		
	PLEASE LIST NAMES AND ADDRESSES OF PARTNERS OR CORPORATE OFFICERS:		DOB	Soc Sec #
	IF IN BUSINESS LESS THAN ONE YEAR PLEASE GIVE NAME, ADDRESS & LENGTH OF THE TIME OF EMPLOYMENT FOR THE LAST FIVE YEARS			
PERSONAL	Owner or Manager's Name	Title	Spouse's Name	
	Home Address	City	State Zip How Long? <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting	
	Home Phone ()	Social Security Number	Date of Birth Monthly Net Income Other Income \$ \$	
	Have you ever filed bankruptcy?		When?	
REFERENCES	Bank Name and Branch	City	State	
	Name of Bank Officer	Account Number	Telephone Number ()	
	Trade Reference	Address	Fax Number	
	List name, address and phone number of current petroleum supplier(s)			
FURNACE OIL	<input type="checkbox"/> AUTOMATIC DELIVERY (WE WILL AUTOMATICALLY FILL YOUR TANK AT THE ABOVE 200 GAL PRICE AND MAKE SURE TO THE BEST OF OUR ABILITIES THAT YOU NEVER RUN OUT, BY SIGNING THIS AGREEMENT YOU GIVE US PERMISSION TO ENTER YOUR PROPERTY FOR THE PURPOSE OF FILLING HEATING OIL - DIESEL - GAS TANKS AT ANY TIME.)			
	<input type="checkbox"/> WILL CALL (IT WILL BE YOUR RESPONSIBILITY TO CALL US WHEN YOUR TANK IS READY TO BE FILLED)			
TERMINATION OF SERVICES MUST BE IN WRITING A MINIMUM OF TWO WEEKS BEFORE ENDING SERVICES				

AGREEMENT AND GUARANTY

I have made the above statements for the purpose of obtaining credit. I certify they are true and authorize you to make a credit investigation. I hereby authorize my bank and trade references to give any information needed in connection with this application. Billings shall be issued once each month. Payment will be due in full within 10 days of statement date and delinquent after 30 days, or as indicated on the face of an individual invoice. I agree to pay a late charge of 1 1/2 % per month (18% per year) or 50¢ minimum on any delinquent balances and a handling charge of \$25.00 for each returned check.

In the event of a breach of any of the terms of this agreement or any other agreement between Purchaser and Supplier, including but expressly not limited to the failure to pay sums owing to Supplier when due, then in addition to any other sums due or payable to Supplier by Purchaser. Purchaser agrees to pay reasonable attorney fees and costs incurred by Supplier in the enforcement of Supplier's rights even though no suit or action is filed and if suit or action is filed to enforce the rights of Supplier, then such further sum as the court may adjudge reasonable attorney fees at trial or an appeal of such suit or action in addition to all other sums provided by law.

Notwithstanding that this account is established in the name of a company, I personally guarantee payment of the account. I have read, understand, and agree to the terms and conditions of this agreement.



Signed _____

Date _____