



Parker Oil Co., Inc.

4343 S. West St. Wichita, KS 67217 316-529-4343 FAX-(316)529-4398

NEW ACCOUNT INFORMATION AND CREDIT APPLICATION

TRADE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

BUSINESS PHONE () _____ HOME PHONE () _____

CELL PHONE () _____ FAX NUMBER () _____

E-MAIL ADDRESS _____

KIND OF BUSINESS _____ YEAR ESTABLISHED _____

CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____

SALES TAX # _____ FED. ID # _____

OFFICERS OF OWNERS _____

NAME OF BANK _____ ACCT. # _____

ADDRESS OF BANK _____ BANK OFFICER _____

TRADE REFERENCES:

1. NAME _____

ADDRESS _____

PHONE # _____ FAX # _____ E-MAIL _____

2. NAME _____

ADDRESS _____

PHONE # _____ FAX # _____ E-MAIL _____

3. NAME _____

ADDRESS _____

PHONE # _____ FAX # _____ E-MAIL _____

ESTIMATED MONTHLY PURCHASES: _____ CREDIT LIMIT REQUESTED _____

ACCEPTANCE AND GAURANTEE OF ACCOUNT

I/We hereby request open account terms with your company. In consideration of the extension of credit to our account, I or we individually, jointly and severally guarantee full and complete payment of the account including a service charge of one and one half percent (1½%) per month on all past due invoices. All invoices not paid 30 days from date of purchase are considered past due, unless other arrangements are made in advance. We further agree to pay all expenses of collection, including court costs and reasonable attorneys' fees should it become necessary to refer the account for collection.

Signed _____ Date _____

****PLEASE MAIL ORIGINAL SIGNED COPY BACK TO PARKER OIL CO., INC.****

OFFICE
USE

TAX
CARD

ACCT #

SC