

Hays Oil Company

Credit Dept.

1890 S. Pacific Hwy
Medford OR 97501

191 Bateman Dr.
Central Point OR 97502
(541) 664-6640
Fax (541) 664-1364

529 NE F St
Grants Pass OR 97528

CREDIT APPLICATION

Applicant Name _____

Business Name _____ DBA _____

Street Address _____

City _____ State _____ Zip _____ Telephone _____

Billing Address _____

City _____ State _____ Zip _____ County _____

Telephone _____ Federal Identification Number _____

Name and Title of Proprietor, Partner or Officer _____

Social Security Number _____

Current Home Address _____

City _____ State _____ Zip _____ Telephone _____

BANK REFERENCE

Bank Name _____ Branch _____

Street Address _____

City _____ State _____ Zip _____ Telephone _____

Account Number _____ Type of Account _____

OTHER TRADE REFERENCES

Company Name _____

Street Address _____ Contact _____

City _____ State _____ Zip _____ Telephone _____

2nd Company Name _____

Street Address _____ Contact _____

City _____ State _____ Zip _____ Telephone _____

3rd Company Name _____

Street Address _____ Contact _____

City _____ State _____ Zip _____ Telephone _____

BUSINESS INFORMATION

Sole Proprietorship Partnership Association

Corporation Limit Liab Corp Non-Profit Other _____

Primary Product/Activity _____

Incorporated Under State Laws Of _____

Year Established _____ Parent Co. _____

Time At Present Location _____

Ever Filed Bankruptcy Yes No Amount of Credit Desired \$ _____

I understand that the above information is given for the purpose of obtaining credit and that a personal / co. credit history investigation will be preformed. I certify to the best of my knowledge, the above information is complete and accurate as of the date of this application. I acknowledge and agree that interest at the rate of 1 ½ percent per month will be charged on all balances remaining unpaid after 30 days from the date the said amounts are incurred. In the event of default and referral to an attorney or collection agency, I agree to pay all costs of collection including reasonable attorney fees and to allow further credit history investigations at the discretion of the creditor. In the event of legal action being taken venue will be Jackson County.

SIGNATURE

TITLE

DATE

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PERSONAL GUARANTY OF PAYMENT OF AN INDIVIDUAL OR CORP. ACCOUNT:

I hereby bind myself to pay R.W. HAYS Co. on demand, any sum which may become due to R.W. HAYS Co. by the above company when that company, agency or entity fails to pay as agreed in this document.

It shall be understood that this guarantee is a continuing and irrevocable guarantee and indemnity for such indebtedness of the company.

I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby granted.

As an Individual: _____
Signature _____ Print Name _____

Dated this _____ day of _____

In the event of default and referral to an attorney or collection agency, I agree to pay all costs of collection including reasonable attorney fees and to allow further credit history investigations at the discretion of the creditor. In the event of legal action being taken venue will be Jackson County.

OFFICE USE ONLY

CREDIT APPROVED CREDIT LIMIT _____

CREDIT REFUSED REASON _____

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This application authorizes the Hays Oil Company to make an inquiry into your credit worthiness. This may include directly contacting charge accounts that you provide to us or by accessing your information through a credit-reporting bureau.

Please fill out the form completely, including your phone number, social security number, dollar amount of your estimated monthly purchases and your signatures.

Thank you for choosing Hays Oil Company.

Date: _____

Phone # _____ Fax # _____

SSN or Tin# _____

Last Name (Owner or Officer) First Name Middle Initial D.O.B.

S.S. Number Employer/Business Name Occupation

House # Street Name City State Zip Code

Last Name (Spouse or Partner) First Name Middle Initial D.O.B.

S.S. Number Employer/Business Name Occupation

House # Street Name City State Zip Code

Mailing Address (If different from above)

House # Street Name or PO Box City State Zip Code

Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____

Monthly Estimated Purchases: \$ _____

I/We agree to pay all bills when due. If not paid when due I/We agree to pay a monthly service charge of 1 1/2% per month or 18% APR. If suit is necessary to collect past due bills I/We agree to pay plaintiffs reasonable attorney's fees and costs.

Signature

Signature