



1770 E. Fifth St.
Delphos OH 45833

Phone: 419-692-5326
FAX: 419-692-2292

Are you presently a Pacific Pride or AmeriNet Cardholder? Card #: _____ When did you last use your card?

Yes No

Full Legal Name of Firm _____ Phone Number: _____ Fax Number: _____

Mailing Address _____ City/State _____ Zip _____

Street Address _____ City/State _____ Zip _____

Home/Head Office Address _____ City/State _____ Zip _____ Phone Number: _____

CHECK APPROPRIATE BOX AND PROVIDE INFORMATION AS REQUESTED

Single Entity Partnership Name, Address and Phone of Parent/Regional Company Office _____

Not a Subsidiary Other Type of Business: _____

Subsidiary of Parent Company _____

Corporation FEDERAL ID#: _____ Under what other company names have you operated? _____

State: _____

If in business less than two years please give name, address and length of time of employment for the last five years:

Please list the legal names, titles of partners/ corporate officers: _____ Address/City/State/Zip _____ Phone Number: _____

_____ Address/City/State/Zip _____ Phone Number: _____

Applicant/Owner/Officer's Legal Name _____ Title _____ Spouses Name: _____

Home Address _____ City/State/Zip _____ How Long? Own? Buying? Renting?

Home Phone: _____ Driver's License Number / State of Issue _____ Social Security Number _____ Date of Birth _____

Name of Nearest Relative not living with you: _____ Relationship _____ Telephone Number: _____

Have you ever filed bankruptcy? Spouse if an officer. _____ If so, when? _____ Where? City/State _____

Yes No Personally

Business

REFERENCES _____ City _____ State _____

Bank Name and Branch

Name of Bank Officer _____ Account # _____ Telephone Number _____

Current Petroleum Supplier _____ Address _____ Telephone Number _____

Alternate Supplier _____ Address _____ Telephone Number _____

Trade Reference _____ Account # _____ Telephone Number _____

Estimated Monthly Usage Gallons: _____ \$ Amount _____ Accounts Payable Contact _____ Telephone Number _____

Person(s) to contact regarding arrangements/orders for cards _____ Telephone Number _____ Cellular Number _____

I authorize this organization to request a consumer and business credit report for purposes of determining my current and continued credit worthiness on this account. The permissible purpose(s) for which the report is being obtained certifies the report will not be used for any other purpose and will remain confidential. I understand that this organization will be requesting a consumer credit and business report in conjunction with this commercial business application. I release all such persons from any liability or damages that may be incurred as a result of such an inquiry or the furnishing of such information. I certify that the information on this application is true and complete, and that I am authorized as a signor to enter into this agreement. Additionally, I agree to all of the terms and items as outlined on page two of this application, for cardlock use.

Printed Legal Name: _____ Title _____

Signature _____ Photo ID + #/ Exp: _____ Date _____