

**Please return this application to the address or fax# below:**

P.O. Box 1914  
Owensboro, KY 42302  
270-683-2461

P.O. Box 296  
Bowling Green, KY 42102  
270-842-0361

**Fax back to this # 270-683-5249**



# Credit Application

**Salesman Initials**

Emmick Oil Co

Hildreth Oil Co

COMFUEL

Racing Fuel

**BUSINESS INFORMATION:**

Business Name \_\_\_\_\_ Years in Business \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Delivery Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Phone Number

Fax Number

Cell

**TAX NOTICE: We are required by law to charge all applicable taxes until the proper documentation is provided. If you have questions please contact our tax or credit department.**

Accounts payable contact person **Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Federal ID# \_\_\_\_\_

Principal's or Partner's full name, address & Social Security Numbers:

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**SS#** \_\_\_\_\_ **Drivers Lic#** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**BANK & TRADE RELATIONSHIPS: Please provide financial statements when possible.**

1) Primary Bank \_\_\_\_\_ City, State \_\_\_\_\_ Bank Officer \_\_\_\_\_

Phone Number \_\_\_\_\_ Checking Account Number \_\_\_\_\_

2) Name \_\_\_\_\_ City, State \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

3) Name \_\_\_\_\_ City, State \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

4) Name \_\_\_\_\_ City, State \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

**INDIVIDUAL INFORMATION ONLY:**

Employer \_\_\_\_\_ City, State \_\_\_\_\_

Phone Number \_\_\_\_\_ How long has this company employed you? \_\_\_\_\_

**Taxes: B,C,D,F,G Exemption Certificate YES NO**

Approved By:

Account #

Credit Limit:

Terms:

Salesperson:

**\*\* Terms and conditions on the following page must be read and signed \*\***

**VALOR, LLC**  
**TERMS AND CONDITIONS OF CREDIT**

1. The application is submitted by the undersigned (hereinafter referred to as "Applicant") for the purpose of obtaining a credit amount with Valor, LLC. All representatives are accurate, complete and truthful to the best of the Applicant's knowledge and belief.
2. The Applicant hereby authorizes any individual, firm, bank or corporation listed as a credit reference to disclose to Valor, LLC, orally or in writing, any information that is pertinent to this application.
3. If the Applicant is a corporation, the undersigned affirmatively states that he/she is authorized to make application on behalf of said corporation and to obligate the same for any credit extended thereto as a result of this application; and further that the corporation on whose behalf this application is hereby made will continue to be bound and obligated for any credit advanced thereto until notice to the contrary is given in writing to Valor, LLC, Hildreth Oil, Emmick Oil, Comfuel or Procard.
4. If after delinquency the Applicant's account is referred to an attorney for collection, Applicant agrees to pay reasonable charges incurred by Valor, LLC, Hildreth Oil, Emmick Oil, Comfuel or Procard. This includes, but is not limited to, collection fees, attorney's fees, and court costs.
5. All past due invoices will be subject to the maximum annual finance charge allowed by law.
6. When you provide a check as payment, you authorize us either to use the information from your check to make A one-time electronic fund transfer from your account or to process the payment as a check transaction. When We use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

**NOTICE TO APPLICANT – DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ IT.  
YOU ARE ENTITLED TO A COPY OF THIS SIGNED AGREEMENT UPON REQUEST.**

Signature \_\_\_\_\_ SS# \_\_\_\_\_

Title \_\_\_\_\_ Birthdate \_\_\_\_\_

Date \_\_\_\_\_ Driver's Lic# \_\_\_\_\_  
(For individual who will be signing checks)

**GUARANTY**

A default occurs under this Credit Agreement when no payment has been made on an account for thirty (30) days or more. At its sole discretion, Valor, LLC may upon default and without prior notice to the customer, refer this account to an attorney for collection, or it may in its sole discretion waive the default. The Customer agrees and understands that verbal waiver of default is not binding on Valor, LLC and only a written waiver of default signed by the Company's business manager is binding on the Company.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**NOTE:**  
**Please sign BOTH places.**

**Please send any applicable  
Tax Exemption forms with  
this application.**