

# Prime Lube, Inc.

800 Roosevelt Avenue Carteret, NJ 07008 Phone  
732 969-9200 | FAX 973-404-8869

## CREDIT APPLICATION

Sales Representative: \_\_\_\_\_

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### CUSTOMER INFORMATION

Customer Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Delivery Address (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Projected Annual Gallons: \_\_\_\_\_ Product Type: \_\_\_\_\_

ORGANIZATION: Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Municipality: \_\_\_\_\_

TAX STATUS: Taxable \_\_\_\_\_ Resale \_\_\_\_\_ Government \_\_\_\_\_ TAX ID NUMBER \_\_\_\_\_  
*(If your tax status is other than taxable, please include a tax exempt form.)*

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### BANK REFERENCE

Banking Institution: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone#: \_\_\_\_\_

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### TRADE REFERENCES

1) Company: \_\_\_\_\_ 2) Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

3) Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

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### TERMS OF SALE

All credit purchases are on net 30 day terms (unless specifically agreed to otherwise). Non-compliance with these credit terms may result in termination of product deliveries. Buyer also agrees to reimburse Prime Lube for collection costs, including reasonable attorney fees incurred in connection with the collection of any delinquent amounts.

### AUTHORIZING STATEMENT

The undersigned:

- 1) certifies that all information provided is true and correct
- 2) agrees to abide by the terms of sale specified above

Signature (Officer if Corp.) \_\_\_\_\_ Date: \_\_\_\_\_