Prime Lube, Inc.

800 Roosevelt Avenue Carteret, NJ 07008
Phone 732 969-9200 | FAX 732-541-7999

CREDIT APPLICATION

Sales Representative: _____

CUSTOMER INFORMATION

Customer Name: _____

Billing Address:

_____

Delivery Address (if different):

_____

Phone #: _____ Email for invoices: _____ Contact Person:_____

Hours of Operation: _____ 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.)

BANK REFERENCE

Banking Institution: _____ City: _____ State: _____
Contact Person: _____ Account #:_____ Phone#:_____

TRADE REFERENCES

1) Company: _____
Contact Person: _____
Address: _____
Phone # _____

2) Company: _____
Contact Person: _____
Address: _____
Phone # _____

3) Company:_____
Contact Person:_____
Address:_____
Phone #:_____

TERMS OF SALE

All credit purchases are on net 30 day terms (unless specifically agree to otherwise). A finance charge will be assessed at the rate of 1.5% per month for all unpaid invoices (which equates to an annual charge of 18%). 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: _____