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CREDIT APPLICATION	DATE:
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BUSINESS CONTACT INFORMATION							
Company Na	ame		Years in B	usiness			
Primary Con	tact		A/P Conta	ct			
Phone Fax			Federal Ta	x ID #			
E-mail			Tax Exemp	ot#			
Shipping Address		City, State	ZIP Code	P Code			
Billing Addre	ess		City, State	, ZIP Code			
BUSINESS/TRADE REFERENCES							
Company na	me		Phone				
Address		Fax					
City, State ZI	P Code		E-mail				
Company na	me		Phone				
Address			Fax				
City, State ZI	P Code		E-mail				
Company na	me		Phone				
Address			Fax				
City, State ZIP Code		E-mail					
AGREEMENT							
I,, hereby acknowledge that my signature is a personal guarantee of payment of any monies due to American Lube Supply (AmLS). AmLS payment terms are NET 30. This authorizes AmLS to acquire additional credit information if necessary. You further acknowledge that credit privileges, if granted, may be withdrawn by AmLS any time. I acknowledge that all legal fees for collection of past due accounts will be paid by customer. Person(s) authorized:							
Signature		Date					
Name		Title					
OFFICE USE ONLY							
Sales I	Rep	Date Approved	Account Type	Ac	count #	QuickBooks Initial/Date	
Approval Sigr	nature:						