



# Jones Petroleum Services, LLC

## CREDIT APPLICATION

Please fill out completely.

### BUSINESS INFORMATION

Full Legal Name of Company:					
Physical Address:				County:	
City:		State:		ZIP Code:	
CFO:		How Long at Current Address?			
Phone:		Fax:		E-mail:	
Date Business Commenced:		Business Type: Sole Proprietorship Partnership LLP/LLC Corporation Other			

### BILLING INFORMATION

Billing Address:					
City:		State:		ZIP Code:	
Accounts Payable Contact:			Invoices Delivered By: Mail Fax Email		
Phone:		Fax:		E-mail:	
Federal ID Number:			Sales Tax Exempt? If yes, attach signed exemption certificate.		
Has Business or Any Principal Ever Filed Bankruptcy?			If yes, date:		Credit Limit Requested:

### BANKING INFORMATION

Bank Name:		Contact Name:		Phone:	
Address:					
City:		State:		ZIP Code:	
Checking Acct #:		Savings Acct #:		Other Acct #:	

### TRADE REFERENCES

Company Name:			Type of Account:		
Address:					
City:		State:		ZIP Code:	
Phone:		Fax:		E-mail:	
Company Name:			Type of Account:		
Address:					
City:		State:		ZIP Code:	
Phone:		Fax:		E-mail:	
Company Name:			Type of Account:		
Address:					
City:		State:		ZIP Code:	
Phone:		Fax:		E-mail:	

### AGREEMENT

1. Payment terms are as stated on invoices.
2. Claims arising from invoices must be made within seven (7) working days.
3. By submitting this application, you authorize Jones Petroleum Services, LLC to make inquiries into the banking and trade references that you have supplied, and to make inquiries into one or more credit reporting agencies.

### SIGNATURE(S)

Signed:		Signed:	
Printed Name:		Printed Name:	
Title:	Date:	Title:	Date:

### FOR JPS OFFICE USE ONLY

AP:		CL:		SR:	
-----	--	-----	--	-----	--