

Credit Application													
Company Name									Da	te			
Address									Du	ns#			
City State								Zip		Credit Line Requested			
Accounts Payable Address									1				
Accounts Payable Contact			E-mail Address					Phone		Fax			
# Of Employees Here	Total	Sales	Volume \$		Total Nur	Total Number Of Employee		# Years In Business Under This Name		# Years At This Location			
Payment Personally Guarante		Ву	Ву			Name		Title					
Will you be the "end user" of the product?													
□ No Ownership													
Name Of Owner E-mail Address					Owner	Phone			Fax				
Address						City				State	Zip		
Name Of Owner E-mail Address								Phone			Fax		
Address					City					State	Zip		
Company Name					Trade Re	Phone			Fax				
Company Name						Phone			rax				
Address						City				State	Zip		
Company Name						Phone			Fax				
Address						City				State	Zip		
Company Name						Phone			Fax				
Address						City				State	Zip		
					Bank Ref	erence							
Bank Name					ount #		Phone	е		Fax			
Address						City				State	Zip		
Bank Name				Account #			Phone			Fax			
Address						City				State	Zip		
Signature													
All statements made herein a of our knowledge. We author any and all inquiries necessal application. We hereby inder agents, from any liability resu	rize the above company to many ry for action on this credit nnify the above company and	ake	Authorized Signa	ture				Title			Date		
Type Of Business		Corp	oration In State C	Of	Declined		Cre	edit Advisor			Date		
	☐ Subsidiary ☐ Division				Approved								
rannonnip					Amount \$								



## "This form must be filled out COMPLETELY before terms are approved"

## **AUTHORIZATION FOR CREDIT REFERENCE**

Company Name:								
Address:								
City:	State:	Zip Code:	ip Code:					
Bank:								
Location:								
City:	State:	Zip Code:						
Phone:	Fax:	Fax:						
Bank Acct #:	Bank Acct #:							
Bank Contact:	Contact E-mail:							
Inc. We authorize them to make any and all inquiries necessary for action on this cre application. We hereby indemnify GoldenWest Lubricants, Inc. and its agents, from a liability resulting from their credit survey.  Authorized Signature  Title  Date								
F	OR BANK USE ONLY							
	owing information regarding	a this account(s)						
	wing information regarding	g ims accouni(s).						
Account Number:	Date Account Opened:	Average Balance:	Average Balance:					
Account Number:	Date Account Opened:	Average Balance:						
Processed By:	Signature:	Date:						
COMMENTS								