



PIASA OILS TRANSPORT, LLC



Servicing the Petroleum Industry in the 21st Century

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• 800-447-OILS

• FAX 618-254-7019

• 314-741-6990

CREDIT APPLICATION

Trade Name _____ Business Phone _____

Address _____ Home Phone _____

City, State _____ ZIP Code _____

Type of Business _____ Year Started _____

Corporation Partnership Individual

***** TAX NUMBERS *****

Officers or Owners _____ FED EIN / SSN _____

Federal Motor Fuel
Tax No: _____

Illinois

Distributor's

License No: _____

Illinois

Receiver's License

No: _____

Name of Bank _____

Person to Contact _____

Bank Account No: _____

Bank
Phone
Number: _____

Missouri Motor
Fuel Tax No: _____

References: List at least three places where you buy on open account.

1) Name _____ Address _____ Phone _____

2) Name _____ Address _____ Phone _____

3) Name _____ Address _____ Phone _____

Have you been in business before? Yes No If yes, please complete the following:

Name of previous business or employer: _____

Address of previous business or employer: _____

Dates: From _____ To _____

ACCEPTANCE AND GUARANTEE OF ABOVE ACCOUNT

I / We hereby request open account terms with your company. In consideration of the extension of credit to our account, I or we individually, jointly and severally guarantee full and complete payment of the account including a service charge of one and one half percent (1½%) per month on all past due invoices. All invoices not paid by the end of the 15th day following date of purchase are considered past due and the one and one half percent (1½%) monthly service charge shall accrue. We further agree to pay all expenses of collection, including court costs and reasonable attorney's fees should it become necessary to refer the account for collection.

Signed _____ Date _____

Signed _____ Date _____

Witness _____ Date _____