



CREDIT APPLICATION

UNIVERSAL LUBRICANTS, LLC
P.O. BOX 2920, WICHITA, KS 67201
PHONE: 1-800-444-OILS FAX: 316-832-0301

PLEASE COMPLETE AND RETURN TO OUR OFFICE AT YOUR EARLIEST CONVENIENCE.

FIRM NAME _____

SOLD-TO (BILLING) ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIP-TO (SHIPPING) ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ *TAX JURISDICTION _____

PHONE () _____ FAX () _____

INVOICE TEXT: (Special instructions, ex: P.O. required, etc.) _____

TAX STATUS [] TAXABLE [] RESALE [] EXEMPT [] FARM SALES TAX NO. _____

(if no tax number is provided, customer will be charged applicable sales tax)

The undersigned understands and agrees that if he uses the property or service other than as stated above or for any purpose which would not exempt the sale under the Act, he becomes liable for the tax.

CREDIT REFERENCES: (List three - Please give City, State, Phone and Fax #'s)

Table with 3 columns: Company Name, City, State, Phone, Fax

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HOW LONG IN BUSINESS _____ NUMBER OF EMPLOYEES _____

ESTIMATED AVERAGE MONTHLY PURCHASE WITH UNIVERSAL \$ _____

OWNER /MANAGER _____ CREDIT TERMS _____

(with completed credit application, terms will be set at 1% 10, Net 30 days; otherwise terms will be Cash Upon Delivery)

*MARKETING CLASSIFICATION _____ *UNIVERSAL SALES REP _____

Applicant by signing, understands and agrees that if an open account is established, purchases will be paid according to terms and further agrees to pay 1-1/2 % finance charge on any balance past due. The undersigned official, to induce the granting of credit to the above named firm, hereby personally guarantees the company's credit.

SIGNATURE _____ DATE _____

*Items with asterisk*will be provided by Universal Sales Representative*