KENDRICK OIL COMPANY
Wholesale Fuels

801 N Main | PO Box 788 | Friona, TX 79035 | Phone (806) 250-3991 | Fax (806) 250-3990

CREDIT APPLICATION & AGREEMENT

1 General Information

Account Name _____

Street Address_____City/State/ZIP_____

Billing Address_____City/State/ZIP_____

Phone #_____Fax #_____Email_____

2 Account Information

Fuel Permit #_____Permit Type_____State_____

Entity Type: (Check One) ☐ Individual SSN_____DOB_____

☐ Corporation ☐ Partnership ☐ LLC FEIN_____

List Owners / Officers / Partners Names	Title	Address	SSN

3 Bank Information

	Bank Name	Address	Account #	Officer	Phone # / Fax #
Checking					
Savings					
Loan					
Other					

4 Credit References

Name	Phone # / Fax #	Account #	Amount Owed

Type of Delivery ☐ Transport ☐ Bobtail

Estimated Credit Needed _____

For Office Use Only	
Approved By	Credit Limit
Date	

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5 Credit Agreement & Authorization

I hereby make application to Kendrick Oil Co., Inc., PO Box 788, Friona, TX 79035, and authorize them to obtain credit reports and information about the applicant, and conduct an inquiry with regard to credit information about the accounts of the applicant, and specifically authorize the persons or companies listed on this application to provide information to Kendrick Oil Co., Inc. or its assignees with respect to the accounts of the applicant. If credit is extended to me, I agree to pay my account in full not later than _____days/the _____day of the month following the purchase. I further agree to pay a finance charge of 1 ½% per month, or 18% annual percentage rate on any past due balance. All sums payable under this agreement shall be paid to Kendrick Oil Co., Inc at PO Box 788, Friona, TX 79035. Furthermore, this provision is intended to establish litigation venue in Parmer County, Texas. If my account becomes delinquent and is referred to an outside attorney or collection agent, I agree to pay all fees and court costs permitted by law. _____ (Customer Initials)

6 Electronic Funds Transfer Authorization Agreement

The customer identified on this application ("Customer") hereby authorizes Kendrick Oil Co., Inc. for its account and for the account of its divisions, subsidiaries, and affiliates to initiate electronic funds transfer debit and credit entries to Customer's deposit account indicated below, and does further authorize the financial institution named below to debit or credit such entries to the Customer's account.

Account Name _____

Bank Name _____ Branch _____

Bank Address _____ City/State/ZIP _____

Bank Contact _____ Phone # _____

Bank Transit & Routing (ABA) # _____ Bank Account # _____

Account Type: ☐ Checking ☐ Savings

To complete the EFT Authorization Agreement, please include a blank voided check from the above bank and bank account.

This authority shall remain in effect until terminated at the sole discretion of Kendrick Oil Co., Inc., or upon thirty (30) days written notice by the Customer received at our office at 801 N Main, Friona, TX 79035. Notice of termination shall in no way affect debit or credit transaction initiated prior to actual receipt of notice.

7 Authorized Signature

I certify that the information on this form is true and correct, and hereby authorize Kendrick Oil Co., Inc. to use the above information in conjunction with an evaluation of credit and EFT program.

_____ _____

Print Name of Authorized Signer Title of Authorized Signer

_____ _____

Signature Date Executed