

# Hays Oil Company

Credit Dept.

1890 S. Pacific Hwy  
Medford OR 97501

191 Bateman Dr.  
Central Point OR 97502  
(541) 664-6640  
Fax (541) 664-1364

529 NE F St  
Grants Pass OR 97528

## CREDIT APPLICATION FOR:

CARDLOCK     BULK FUEL     LUBRICANTS     MIGHTY AUTO PARTS

Applicant Name \_\_\_\_\_

Business Name \_\_\_\_\_ DBA \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone \_\_\_\_\_ Federal Identification Number \_\_\_\_\_

Business Email Address \_\_\_\_\_

Name and Title of Proprietor, Partner or Officer \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

### **BANK REFERENCE**

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Account Number \_\_\_\_\_ Type of Account \_\_\_\_\_

### **OTHER TRADE REFERENCES**

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_ Contact \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

2nd Company Name \_\_\_\_\_

Street Address \_\_\_\_\_ Contact \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

3rd Company Name \_\_\_\_\_

Street Address \_\_\_\_\_ Contact \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

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### BUSINESS INFORMATION

Sole Proprietorship  Partnership  Association

Corporation  Limit Liab Corp  Non-Profit  Other \_\_\_\_\_

Primary Product/Activity \_\_\_\_\_

Incorporated Under State Laws Of \_\_\_\_\_

Year Established \_\_\_\_\_ Parent Co. \_\_\_\_\_

Time at Present Location \_\_\_\_\_

Ever Filed Bankruptcy  Yes  No Amount of Credit Desired \$ \_\_\_\_\_

I understand that the above information is given for the purpose of obtaining credit and that a personal / co. credit history investigation will be preformed. I certify to the best of my knowledge; the above information is complete and accurate as of the date of this application. I acknowledge and agree that interest at the rate of 1 ½ percent per month will be charged on all balances remaining unpaid after 30 days from the date the said amounts are incurred. In the event of default and referral to an attorney or collection agency, I agree to pay all costs of collection including reasonable attorney fees and to allow further credit history investigations at the discretion of the creditor. In the event of legal action being taken venue will be Jackson County. I hereby bind myself to pay R.W. HAYS Co. on demand, any sum which may become due to R.W. HAYS Co. by the above company when that company, agency or entity fails to pay as agreed in this document. It shall be understood that this guarantee is a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification of renewal of the credit agreement hereby granted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Dated this \_\_\_\_\_ day of \_\_\_\_\_

In the event of default and referral to an attorney or collection agency, I agree to pay all costs of collection including reasonable attorney fees and to allow further credit history investigations at the discretion of the creditor. In the event of legal action being taken venue will be Jackson County.

### OFFICE USE ONLY

CREDIT APPROVED  CREDIT LIMIT \_\_\_\_\_

CREDIT REFUSED  REASON \_\_\_\_\_

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This application authorizes the Hays Oil Company to make an inquiry into your credit worthiness. This may include directly contacting charge accounts that you provide to us or by accessing your information through a credit-reporting bureau.

Please fill out the form completely, including your phone number, social security number, dollar amount of your estimated monthly purchases and your signatures.

Thank you for choosing Hays Oil Company.

Date: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

SSN or Tin# \_\_\_\_\_

\_\_\_\_\_  
Last Name (Owner or Officer)      First Name      Middle Initial      D.O.B.

\_\_\_\_\_  
S.S. Number      Employer/Business Name      Occupation

\_\_\_\_\_  
House #    Street Name      City    State      Zip Code

\_\_\_\_\_  
Last Name (Spouse or Partner) First Name      Middle Initial      D.O.B.

\_\_\_\_\_  
S.S. Number      Employer/Business Name      Occupation

\_\_\_\_\_  
House #    Street Name      City    State      Zip Code

Mailing Address (If different from above)

\_\_\_\_\_  
House # Street Name or PO Box      City    State      Zip Code

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

Monthly Estimated Purchases: \$ \_\_\_\_\_

I/We agree to pay all bills when due. If not paid when due I/We agree to Pay a monthly service charge of 1 1/2% per month or 18%APR. If suit is Necessary to collect past due bills I/We agree to pay plaintiffs reasonable Attorney's fees and costs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature