



CREDIT APPLICATION

RKA Petroleum Companies, Inc.
 28340 Wick Road, Romulus, MI 48174
 Phone: 734-946-2199
 Corporate Office Fax: 734-946-4772
 Commercial Sales Fax: 734-946-1920
 Retail Sales Fax: 866-509-3288

Application Date: _____

 1-800-875-FUEL

Section I

Customer/Legal Name			Tax I.D.#		
Physical Address			Phone		
City	State	Zip	Fax		
Mailing Address (if different)		City	State	Zip	
Nature of Business			Years in Business	Number of Employees	
Ship-to Address #1		City	State	Zip	
Ship-to Address #2		City	State	Zip	

If there are more than two ship-to addresses, please submit on a separate sheet.

Section II

Accounts Payable Contact Name:	Preferred Contact Method (circle one and enter all): Phone/Fax/E-mail
Purchasing Contact Name:	Preferred Contact Method (circle one and enter all): Phone/Fax/E-mail
Main Contact Name:	Preferred Contact Method (circle one and enter all): Phone/Fax/E-mail

Section III

Corporation
 Co-Partnership
 LLC
 Proprietorship

If a Corporation, List Officers Names and Titles
 If Other Entity, List Names of Partners or Owners

Officer / Principal	Officer	Officer
Home Street Address		Home Phone
City	State	Zip
		Fax

Bank References	Trade References:
Bank: _____ Phone: _____	Name: _____
Account Number: _____	Fax #: _____ Phone #: _____
Address: _____	Name: _____
Bank: _____ Phone: _____	Fax #: _____ Phone #: _____
Account Number: _____	Name: _____
Address: _____	Fax #: _____ Phone #: _____

ADDITIONAL INFO IF RETAIL APPLICANT

Principal Name: _____

Principal SSN: _____ Principal DOB: _____ Principal Driver License #: _____

Section IV: Taxes

What products will you be purchasing?

- | | |
|---|--|
| <input type="checkbox"/> #1/#2 Low Sulfur Diesel | <input type="checkbox"/> Biodiesel (B5, B10, B20, B99) (LS/ULS) |
| <input type="checkbox"/> #1/#2 Dyed Low Sulfur Diesel | <input type="checkbox"/> Dyed Biodiesel (B5, B10, B20, B99) (LS/ULS) |
| <input type="checkbox"/> #1/#2 Ultra Low Sulfur Diesel | <input type="checkbox"/> Gasoline |
| <input type="checkbox"/> #1/#2 Dyed Ultra Low Sulfur Diesel | <input type="checkbox"/> Ethanol Blended Gasoline (E10) |
| <input type="checkbox"/> Pure Power Premium Diesel (LS/ULS/BIO) | <input type="checkbox"/> RFG Gasoline |
| <input type="checkbox"/> Kerosene (LS/ULS) | <input type="checkbox"/> E85 Blends |

Will you be reselling the product? Yes/No

If Yes, are you reselling at a wholesale or retail level? _____

If you are reselling at a wholesale level, will you be blending the product? Yes/No

If No, are you a State or Federal agency? Yes/No

If No, are you an Industrial Processor or using for a non-motor use? Yes/No

If No, are you a non-profit or private school? Yes/No

Section V: Required Information

List Capacity of Tank _____

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Type of Product Contained _____

Type of Product Contained _____

Location of Tank _____

Location of Tank _____

Avg Daily & Weekly Usage (gal) _____

Avg Daily & Weekly Usage (gal) _____

Available Delivery Times: From/To _____ / _____

Available Delivery Times: From/To _____ / _____

Available Delivery Days: M T W Th F S S (circle all applicable)

Available Delivery Days: M T W Th F S S (circle all applicable)

Est. # of Deliveries: _____ weekly monthly

Est. # of Deliveries: _____ weekly monthly

If there are more than two tanks, please submit on a separate sheet.

Automatic Delivery

Customer Will-Call

If you own your own tanks, please complete the following:

Have Tanks Been Tested? _____

Who Tested? _____

Tested When? _____

Results of Tank Test: _____

The undersigned agree(s) to reimburse RKA Petroleum Companies for any and all costs and expenses (including without limit, court costs, legal expenses, collection expenses, and reasonable attorney fees). All costs to install and remove fuel tanks will be reimbursed by the undersigned to RKA Petroleum Companies. By signing below I agree to let RKA Petroleum Companies, Inc. obtain personal credit bureau reports on the corporate officers and/or principals listed in Section III and also give the abovementioned financial institution(s) permission to disclose any information regarding our business accounts.

Signature

Print Name

Title

Signature

Print Name

Title

OFFICE USE ONLY

Submitted by (employee) _____

- Approved Terms:
- | | |
|---|---|
| <input type="checkbox"/> Net / 30 Day Account | <input type="checkbox"/> Pay Via Credit Card |
| <input type="checkbox"/> Net / 10 Day Account | <input type="checkbox"/> EFT/ACH (circle one) |
| <input type="checkbox"/> 3-day EFT | <input type="checkbox"/> C.O.D. |

Approved Credit Line: _____