



Credit Application  
RKA Petroleum Companies, Inc.

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

**Section I**

Customer/Legal Name		Tax ID Number		
Physical Address		City	State	Zip
Phone	Email	Fax		
Mailing Address	<input type="checkbox"/> Same As Above	City	State	Zip
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: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Purchasing Contact Name: _____	Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Main Contact Name: _____	Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email

**Section III**

Corporation  Partnership  LLC  Proprietorship *If a corporation, list Officers names and titles.*

*If other entity, list names of partners and owners.*

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

**Bank References**

**Trade References**

Bank
Account Number
Address
Bank
Account Number
Address
Bank
Account Number
Address

Name
Fax
Phone
Name
Fax
Phone
Name
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/B10) RFG | <input type="checkbox"/> 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?  Yes  No
  - 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	List Capacity of Tank
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: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S	Available Delivery Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S
Estimated # of Deliveries: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Estimated # of Deliveries: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly?

If there are more than 2 tanks, please submit on a separate sheet.

Automatic Delivery

Will Call

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

Have the tanks been tested?  Yes  No

Who Tested? \_\_\_\_\_

Tested When? \_\_\_\_\_

Results of Tank Test? \_\_\_\_\_

These undersigned agree(s) to reimburse RKA Petroleum Companies, Inc. 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, Inc. 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 institutions permission to disclose any information regarding our business accounts.

_____ Signature	_____ Print Name	_____ Title
_____ Signature	_____ Print Name	_____ Title
_____ Signature	_____ Print Name	_____ Title

OFFICE USE ONLY

Submitted By (Employee): \_\_\_\_\_ Date: \_\_\_\_\_

**Approved Terms:**

- |   |  |
|---|--|
| <input type="checkbox"/> Net/30 Day Account | <input type="checkbox"/> Pay Via Credit Card |
| <input type="checkbox"/> Net/15 Day Account | <input type="checkbox"/> EFT/ACH             |
| <input type="checkbox"/> 3-Day EFT          | <input type="checkbox"/> C.O.D.              |

Approved Credit Limit: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_