



**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: Contact Information**

Preferred Contact Method

Accounts Payable Name: _____	Email: _____	Phone: _____	<input type="checkbox"/> Phone <input type="checkbox"/> Email
Purchasing Name: _____	Email: _____	Phone: _____	<input type="checkbox"/> Phone <input type="checkbox"/> Email
Main Name: _____	Email: _____	Phone: _____	<input type="checkbox"/> Phone <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	Name
Account Number	Fax
Address	Phone
Bank	Name
Account Number	Fax
Address	Phone
Bank	Name
Account Number	Fax
Address	Phone

**ADDITIONAL INFO IF RETAIL APPLICANT**

Principal Name \_\_\_\_\_ Principal SSN \_\_\_\_\_ Principal DOB \_\_\_\_\_ Principal Driver License # \_\_\_\_\_

**Section IV: Taxes**

What products will you be purchasing?

- #1/#2 Low Sulfur Diesel
- #1/#2 Dyed Low Sulfur Diesel
- #1/#2 Ultra Low Sulfur Diesel
- #1/#2 Dyed Ultra Low Sulfur Diesel
- Pure Power Premium Diesel (LS/ULS/B10) RFG
- Kerosene (LS/ULS)
- Biodiesel (B5, B10, B20, B99)(LS/ULS)
- Dyed Biodiesel (B5, B10, B20, B99)(LS/ULS)
- Gasoline
- Ethanol Blended Gasoline (E10)
- Gasoline
- 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

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