XOVest, INC
COMMERCIAL & INDUSTRIAL OIL PRODUCTS

8182 N CTY RD 100 W, P O Box 38
SHELBURN, IN 47879
812-249-4853 Fax 866-812-0149

APPLICATION FOR CREDIT

Name of Firm or Individual: _____

Type of Business: _____Business Address:_____
City State ZipCode

Billing Address_____
City State ZipCode Fax#

Business Phone _____ Business Fax _____

Accounts Payable Contact Person_____
Name Phone # E-mail

Please Check:
___Corporation ___ Partnership ___ Individual ___ check if incorporated in past 12 Months
Tax Exempt ___ Yes ___ No (If answered yes please provide signed tax exemption form)

1. _____
Name(s) of Principal(s) Complete Address Zip Phone # E-Mail

2. _____
Name(s) of Principal(s) Complete Address Zip Phone # E-Mail

3. _____
Name(s) of Principal(s) Complete Address Zip Phone # E-Mail

4. _____
Name(s) of Principal(s) Complete Address Zip Phone # E-Mail

FINANCE

Bank Account Number

Bank Address Phone # Fax #

REFERENCES

1. _____
Business Name Complete Address Zip Phone # Fax #

2. _____
Business Name Complete Address Zip Phone # Fax #

3. _____
Business Name Complete Address Zip Phone # Fax #

We certify that the information on this form is correct.

(Signed)_____ (Title) _____ (Date) _____

The undersigned hereby agree and warrants that the statements made on this credit application and any accompanying financial information is full, true, and correct. Further, I agree to pay in accordance with my approved credit terms. I Understand and agree there will be a service charge of 1.5%, 18% annum on the past due balances. If my account is assigned for collection with an attorney or collection agency, I hereby agree to pay any and all attorney fees, collections and court costs.

_____
Yes, I agree to the above terms

Please do not write in the space below

Date Approved_____Salesperson_____Credit Approved By_____ Business Code _____