

Date					
Company Name					
	et Address Mailing Address				
City		State			
Phone ()					
If Company, type of Ownership: Co	orporation	Partnership	Sole	Proprietorship	
Date Established	Federal ID	Number			
Names of Officers or Firm Owners					
Officer's Name		Title			
Home Phone ()	_ Social Security	Number			
Officer's Name		Title			
Home Phone ()	_ Social Security	Number			
Officer's Name		Title			
Home Phone ()	_ Social Security	Number			
<u>Financial References</u>					
Bank Name					
Street Address			State	Zip	
Checking Account Number	Sa	vings Account Numbe	er		
Name of Bank Officer					
<b>Business References</b>					
Name	Na	me			
Street Address	Str	eet Address			
City State Ziµ	o Cit	У	State _	Zip	
Account Number	Acc	count Number			
Phone ()	Ph	one ()			
<u>Certification</u>					
I certify that the information I have supplied	is true and acc	urate to the best of m	ny knowledge.	I agree to authorize	
Beach Oil Co, Inc to verify this information an	id make credit i	nquiries. If this accou	nt is opened,	be it understood that	
all invoices are due in full payable by the te	nth day of the	month following purc	hase, and tha	it service charges are	
added at a rate of 1.75% per month on the	unpaid baland	e over 30 days past	due. Should	the account become	
delinquent, I agree to pay cost of collection in	cluding all cour	t costs and attorney's	fees.		
<b>Individual Personal Guarantee</b>					
I, (Name)residing at (	Address)		for and in	consideration of your	
extending credit at my request to (Compar	ny)		(Hereinafte	er referred to as the	
"Company"), which I am (Title)		, hereby personall	y guarantee t	o you the payment at	
Beach Oil Company. In the State of Tenness					
pay you on demand any sum which may become	ome due to you	by the company whe	never the con	npany shall fail to pay	
the same. It is understood that this guaran	tee shall be a d	continuing and irrevo	cable guarant	ee and indemnity for	
such indebtedness of the company. I do here	by waive notice	e default, non-paymer	it and notice h	nereof and consent to	
any modification of renewal of credit agreem	ent hereby guai	rantee.			
Company Name	Арլ	olicant Signature			

• Fax: 931.358.9331 •