

CREDIT APPLICATION

Attention: Kirsti Rod	gers – kirsti@rocketoil.com
4470 Hanson Rd.	
Madisonville, KY 424	31
Phone 270-821-5776	Fax 270-825-9214

Applicant:			
Street Address	:		
Mailing Addres	s (if different):		
City:		State:	Zip:
Contact person	:	Email:	
		-	[] Individual/Sole Proprietor Operating since:
Anticipated mc	onthly fuel purchases from Roc	ket Oil Company/I	deal: \$
	<u>Owner(s</u>) Information	
Name:			
	State:		Phone:
Name:			
Address:			
City:	State:	Zip:	Phone:
	Trade	<u>References</u>	
Name:		Name:	
Address:		Address:	
City:	State:	City:	State:
Zip:	Phone:	Zip:	Phone:
Namo		Namo	
Addross:			
Audress:	State:	City:	Stato:
	State:		State:
۲ıh	Phone:	zih:	Phone:

Primary Business Banking Reference

Name:	Contact: _	
Address:		
City:	State:	Zip:
Phone:	Fax:	

Authorization to Investigate Credit

By signing this credit application, the applying company (hereinafter "Customer") authorizes Rocket Oil Company or its agent to investigate its credit and financial records, including its banking records and those of its owner(s). Customer agrees to pay all verified indebtedness in full on receipt of statement, and not later than the end of the month during which the statement is received. All accounts unpaid at that time will be charged a finance charge of 1.5% per month of the unpaid balance. Previous finance charges will not be deducted, but will rather be added. Customer agrees to pay the full cost of collection, including without limitation court costs and reasonable attorney's fees.

Ву:	Ву:
Title:	Title:
Date:	Date:

Personal Guaranty (Required of All Accounts)

In consideration of Rocket Oil Company's extending credit to the applying customer (hereinafter "Customer"), I (we) absolutely and unconditionally personally guarantee the full and punctual payment of any obligation of the Customer and I (we) hereby bind myself (ourselves) to pay on demand to Rocket Oil Company, its successors and assigns, any sum, including all cost of collection, court costs and reasonable attorney's fee, which may become due by the Customer whenever the Customer shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Customer. I (we) do hereby waive notice of demand, protect or default and consent to any modification or renewal of the credit agreement hereby guaranteed.

Name of Guarantor:						
Signed:						
Witness:						
Name of Guarantor:						
Signed:						
Date:						
Witness:						



Fleet Fuel Program

In order to present the fuel purchase information on your statement as you would like to see it, please complete and return this form via email (kirsti@rocketoil.com) or mail (Rocket Oil Company, 4470 Hanson Rd, Madisonville, KY 42431). Please contact Kirsti if you have any questions.

Company information:

Legal Name:	Billing Address:	Phone Number:
Corporate Contact:	Email Address:	

Email address(s) designated to receive monthly invoices and statements: ______

We have the ability to grant users online access to view your account details. If you would like this feature, please provide us the name and email address of each user. _____

Would you prefer to have your statement organized by vehicle / department or by driver?_____

Vehicle / Department			Driver Information			
Vehicle / Department Number	Description	Odometer on Statement? (Yes / No)	Product Restrictions (if any)	First Name	Last Name	PIN Number (if desired)

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