



**Chevron**

Distributor-Chevron Products

**APPLICATION FOR CREDIT**

**McCormix Corporation**

22 Calle Cesar Chavez  
P.O. BOX 848  
Santa Barbara, CA 93102  
P: 805-963-9366 F: 805-963-2268

**PURCHASES:**

- Lubricants
- Bobtail Delivery
- Tanker Delivery
- CFN Cardlock

**Please Fill Out All Pages Completely**

**Business Information:**

Sole Proprietor    Partnership    Corporation

Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

City/Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Tax Exempt:  Yes    No      Resale:  Yes    No

Fed. Tax #: \_\_\_\_\_ Resale #: \_\_\_\_\_

Doing Business in (City/State): \_\_\_\_\_

**Bank Account:**

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Would you like to be automatically drafted from your account?

Yes    No (If so please fill out EFT form)

**Personal Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

SS #: \_\_\_\_\_

Employed By: \_\_\_\_\_

**Bank Account:**

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Branch Address: \_\_\_\_\_

**Spouse Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

SS #: \_\_\_\_\_

Employed By: \_\_\_\_\_

Name of Officer/Partner	Official Title	Interest in Business
1.		%
2.		%
3.		%

**Credit References:** (Include suppliers, loan companies, etc.) Please print complete Name, Address of the account, telephone number and fax number.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If this application is for Cardlock Fuel, how many vehicles will use the facility? \_\_\_\_\_ How many cards will you need? \_\_\_\_\_  
Estimated monthly use? \_\_\_\_\_ Type(s) of Fuel to be purchased? \_\_\_\_\_

The undersigned hereby agrees that all charges for goods and services supplied by McCormix Corporation will be paid 15 days after billing, unless otherwise specified. The undersigned further acknowledge and agree that in the event said charges are not paid, that McCormix Corporation will suffer damages due to the undersigned's failure to promptly pay said charges. Said damages include, but are not limited to, additional bookkeeping charges, and interest on monies which McCormix Corporation must borrow in order to operate its business. It is further acknowledged and agreed that said damages will be difficult or impossible to ascertain, and the undersigned, therefore, agree that in the event that all charges are not paid within the specified time, that the sum of 1.5% per month is a reasonable estimate of the charges which will be suffered by McCormix Corporation, and the undersigned agree to pay said sum. The undersigned further agree to pay all costs of collection, including attorney's fees and court costs, incurred by McCormix Corporation.

The undersigned authorize McCormix Corporation to conduct a credit investigation and authorizes all credit references listed above to release to McCormix Corporation information related to the undersigned accounts.

Each of the undersigned agree to be jointly and severally liable for all amounts due for goods and/or services supplied pursuant to this application and for all other fees, costs, and damages due under this application.

\_\_\_\_\_  
**Business Signature** (Date)

\_\_\_\_\_  
**Individual Signature(s)** (Date)

\_\_\_\_\_  
**Partner(s) Signature** (Date)

\_\_\_\_\_  
**Name** (Date)

\_\_\_\_\_  
**Name** (Date)

Ref Checked: \_\_\_\_\_ Approved  Disapproved  Notes:

Assigned account #: \_\_\_\_\_

**I/We specifically grant full authority for McCormix Corporation to obtain a personal and/or business credit report on me/my business even though the nature of this account is commercial.**

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***Signature***

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***Print Name***

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***Business***

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***Address***

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***Social Security Number***

**CARD OR KEYLOCK AGREEMENT**

For valuable consideration and in exchange for PETROLEUM PRODUCTS (hereinafter "distributor") permitting me/us use of their card or keylock, the undersigned individual and on behalf of their business agrees to the following terms and conditions:

1. *Guarantees payment of all charges and all responsibility for the use of the card or keylock issued me/us and*
2. *Because this is not a credit transaction, agrees to pay all charges or expenses incurred in connection with the card or keylock, whether or not charges are evidenced by signed invoices or purchase orders; and*
3. *Pay charges or expenses incurred to Distributor, in full by the 15th day of each month following purchases. Due to the difficulty of ascertaining precise damages should the account not be paid in full as promised, the account will be subject to a charge of 1.5% per month as liquidated damages; and*
4. *Pay all legal fees and costs incurred by the distributor in the collection of any delinquent account. An account becomes delinquent if not paid in full by the 15th day following the first billing and*
5. *This agreement may be cancelled by the undersigned at any time and by the distributor at any time the account becomes delinquent or for any other cause without notice to the undersigned. The undersigned shall continue to remain liable to the distributor for any balance remaining due to the distributor and shall immediately upon cancellation of this agreement, by either party, return all cards or keylocks assigned or bear the costs of changing all keylock assigned and*
6. *This agreement is binding upon all party's signatory hereto, their heirs, assigns, or successors in interest*
7. **Estimated purchases per month \$ \_\_\_\_\_ and/or \_\_\_\_\_ gallons.**

I/We have read and agree to the terms and conditions contained herein

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

Signature: \_\_\_\_\_

(Authorized Agent for Business)

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

***How would you like to be billed?:***

***Paper***  ***Fax***  ***Electronic***  ***E-mail:*** \_\_\_\_\_

***\*Next page is Optional\****

# McCormix Corporation

*Jobber, Petroleum Products*

22 N. Calle Cesar Chavez

Santa Barbara, Ca 93102

P: 805.963.9366

F: 805.963.2268

## ***ELECTRONIC FUND TRANSFER AUTHORIZATION AGREEMENT***

Company Name: \_\_\_\_\_

Representatives Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Checking Account Institution:** \_\_\_\_\_

**Checking Acct Number:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

I \_\_\_\_\_ do hereby authorize **McCormix Corporation** to initiate debit/credit entries to the checking account indicated above and do further authorize the depository institution named above to debit/credit such entries to the account indicated above.

This authority shall remain in effect until termination upon **(15) days** written by either customer or McCormix Corporation. Notice of termination shall in no way affect debit entries initiated prior to expiration of aforesaid **(15) day period**.

This EFT service is governed by the rules of the Automated Clearing House and McCormix Corporation.

\_\_\_\_\_  
*Customer Name (Please Print)*

\_\_\_\_\_  
*Customer Signature*

\_\_\_\_\_  
*Authorized on this date*