



TRUEBLOOD LUBRICANTS, LLC  
 P O BOX 356  
 FARMERSBURG, IN 47850  
 812-696-5151/812-696-2153, FAX

APPLICATION FOR CREDIT

Name of Firm or Individual: \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 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 # Fax #

2. \_\_\_\_\_  
 Name(s) of Principal(s) Complete Address Zip Phone # Fax #

3. \_\_\_\_\_  
 Name(s) of Principal(s) Complete Address Zip Phone # Fax #

4. \_\_\_\_\_  
 Name(s) of Principal(s) Complete Address Zip Phone # Fax #

FINANCE

Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Address \_\_\_\_\_ Area Code, Phone \_\_\_\_\_

REFERENCES

1. \_\_\_\_\_  
 Business Name Complete Address Zip Area Code, Phone Fax#

2. \_\_\_\_\_  
 Business Name Complete Address Zip Area Code, Phone Fax#

3. \_\_\_\_\_  
 Business Name Complete Address Zip Area Code, 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 \_\_\_\_\_