

New Account Application - Please fill out, sign, and send to Credit@burkeoil.com

Your Name:		Date:	
Company Name:		FID Number:	
Street Address:			State:Zip:
Phone Number:		Years in business	:Years at this location:
Accounts Payable Con	tact:	Accounts Payable	e Email Address:
Principal(s) / Officers	Information		
Full Name:	Title:	SSN:	Home Address:
<u>References</u>			
Current Fuel or Lubrica	ant Suppliers, if any:		
Supplier 1:		Phone:	
Other Trade Reference			
Vendor 1:		Phone:	
			Phone:
Account No.:		Address:	
			Phone:
Account No.:		Address:	
Payment is required from invo outstanding past due balances account, and amounts due her	ice. Accounts with balances beyond o s. The undersigned agrees to pay, in the reunder. The undersigned consents to	ur terms are subject to interruption ne event of default, all reasonable the jurisdiction of Massachusetts	the due according to terms of sale; which are net 15 days. In of deliveries and/or 1.5% per month service charge on any attorneys' fees and the cost and expenses of collection of this courts for all action instituted hereunder, and agree that and the cost and concerning the above statement so that
Authorized by:		Title:	
Signature:		Date:	
	INFORMATION BELOW V	VILL BE FILLED IN BY DE	<u>ENNIS K. BURKE, INC.</u>
Originator:	Date:	_Estimated Monthly Sales	s (\$):Products:
Approved Date:	Amount \$:	Terms:	Credit Manager Initials:
FLEETLI NE ®	KOSTUSA	TotalEnergies	High Performance BioBased Lubricants
51 lr		04072 555 Cons	stitution Dr. Taunton MA 02780