



**PO Box 6289**  
**6721 Macon Road**  
**Columbus, Georgia 31917**  
**Phone: (706) 561-6242**  
**Fax: (706) 568-0384**

**T&W Oil Company**

**Credit Application**

NAME/ADDRESS			
LAST:	FIRST:	MIDDLE INITIAL:	TITLE:
NAME OF BUSINESS:			TAX I.D. NUMBER:
ADDRESS:			
CITY:	STATE	ZIP CODE:	TELEPHONE:

COMPANY INFORMATION	
TYPE OF BUSINESS:	IN BUSINESS SINCE:
LEGAL FORM UNDER WHICH BUSINESS OPERATES: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP	
IF DIVISION/SUBSIDIARY, NAME OF PARENT COMPANY:	
NAME AND TITLE OF COMPANY PRINCIPAL RESPONSIBLE FOR BUSINESS TRANSACTIONS:	
ADDRESS:	CITY/STATE;      ZIP CODE:      TELEPHONE:

BANK REFERENCES	
INSTITUTION NAME:	CHECKING ACCOUNT NUMBER:
ADDRESS:	PHONE:

TRADE REFERENCES		
COMPANY NAME:	CONTACT PERSON	ACCOUNT NUMBER
CITY/STATE:	PHONE NUMBER:	FAX NUMBER:
COMPANY NAME:	CONTACT PERSON	ACCOUNT NUMBER
CITY/STATE:	PHONE NUMBER:	FAX NUMBER:
COMPANY NAME:	CONTACT PERSON	ACCOUNT NUMBER
CITY/STATE:	PHONE NUMBER:	FAX NUMBER:

**STATEMENT OF ACCURACY AND PERMISSION TO VERIFY**

I hereby certify that the information contained in this credit application is complete and accurate. This information has been furnished with the understanding that is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained within.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date