



## Petro Plus Fleet Fueling Commercial Credit Application

### Christoff Mitchell Petroleum

P.O. Box 669  
Philipsburg, PA 16866  
814-342-5030 Fax 3737

Individual or  
Company name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Type of Ownership: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Principal Owner (s)  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_

\*Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

\*Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Application for credit is hereby made with the understanding we will abide by all credit terms of Christoff Mitchell Petroleum.

#### Banks

Name \_\_\_\_\_ Name \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Person \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loan \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loan \_\_\_\_\_

OVER →

Business References

Name \_\_\_\_\_

Name \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

**I have made the above statement for the purpose of obtaining credit.**

Applicant agrees to pay in full all charges. This is not a revolving charge agreement. Applicant acknowledges that accounts not paid in full upon receipt of statement will be subject to finance charges. Authorized use of this credit depends on your acceptance of the terms of this credit agreement. The customer agrees to pay all of company's costs of collection, including court costs, pick-up fees, legal and administrative expenses, and attorney fees paid or incurred by Christoff Mitchell Petroleum in the process of collecting past due sums owing by the customer.

Current Supplier \_\_\_\_\_

Reason for changing \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please Print your name \_\_\_\_\_

**As a condition of credit extension, you are required to provide valid credit card information. This information will be used in the following cases:**

1. If your account balance reaches 60 days past due, your balance and all associated fees will be billed to the card provided.
2. If a check is returned from your bank, the face amount plus a \$50.00 fee will be charged to the card.
3. If the balance on your account exceeds the established credit limit, the amount over the limit will be charged to the card.

Card # \_\_\_\_\_ (M\C, Visa, Discover only) Exp. Date: \_\_\_\_/\_\_\_\_

V Code (from back of card): \_\_\_\_\_(3 digits)

Cardholders Name: \_\_\_\_\_

Billing address for card: \_\_\_\_\_

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

E-Mail Address if you prefer we E-Mail your statements: \_\_\_\_\_

**GUARANTY AGREEMENT  
IN CONSIDERATION OF THE GRANTING OF CREDIT TO**

\_\_\_\_\_, By CHRISTOFF MITCHELL PETROLEUM, INC the undersigned, a principal of the company hereby personally and unconditionally guarantees prompt payment of any and all amounts at time or to become due to CHRISTOFF MITCHELL PETROLEUM, INC. by reason of its credit or advancing of funds to the company, its employees, or agents.

Signature \_\_\_\_\_