



WOODFORD OIL COMPANY

Serving WV, KY, OH, PA, VA, MD, NC | www.woodfordoil.com
Tel: 304.636.2688 | 800.927.3688 | Fax: 304.636.4351

- BULK FUEL
- FUEL OIL
- LUBES
- CARDLOCK

DATE OF APPLICATION:

Individual Account Applicant (FOR PERSONAL ACCOUNT ONLY)

NAME (FIRST, MIDDLE, LAST)			DATE OF BIRTH	SOCIAL SECURITY NUMBER
BILLING ADDRESS	CITY	STATE	ZIP CODE	CELL TELEPHONE
STREET ADDRESS	CITY	STATE	ZIP CODE	HOME TELEPHONE
EMPLOYER NAME				YEARS EMPLOYED
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	BUSINESS TELEPHONE
SPOUSE NAME (FIRST, MIDDLE, LAST)			DATE OF BIRTH	SOCIAL SECURITY NUMBER
EMPLOYER NAME				YEARS EMPLOYED
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE	BUSINESS TELEPHONE

Business Account Applicant (FOR BUSINESS ACCOUNT ONLY)

FULL LEGAL NAME OF APPLICANT (FIRST, MIDDLE, LAST)			BUSINESS TELEPHONE	FAX NUMBER
BUSINESS NAME	DBA			E-MAIL
BILLING ADDRESS	CITY	STATE	ZIP CODE	FEDERAL ID NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE	YEARS IN BUSINESS
PARENT COMPANY NAME				BUSINESS TELEPHONE
ADDRESS	CITY	STATE	ZIP CODE	
OWNERS/OFFICER NAME (FIRST, MIDDLE, LAST)			TITLE	SOCIAL SECURITY NUMBER
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
OWNERS/OFFICER NAME (FIRST, MIDDLE, LAST)			TITLE	SOCIAL SECURITY NUMBER
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
ACCOUNTS PAYABLE CONTACT NAME (FIRST, MIDDLE, LAST)			TELEPHONE	FAX NUMBER
ADDRESS	CITY	STATE	ZIP CODE	E-MAIL
SALES TAX-EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE COPY OF CERTIFICATE				CREDIT LIMIT REQUESTED

Individual and Business Account Applicants (COMPLETE ALL SECTIONS BELOW)

BANK NAME	BRANCH	ACCOUNT NUMBER	TELEPHONE
ADDRESS	CITY	STATE	ZIP CODE
TRADE REFERENCE COMPANY NAME #1			CONTACT NAME
ADDRESS	CITY	STATE	ZIP CODE
TRADE REFERENCE COMPANY NAME #2			CONTACT NAME
ADDRESS	CITY	STATE	ZIP CODE
TRADE REFERENCE COMPANY NAME #1			CONTACT NAME
ADDRESS	CITY	STATE	ZIP CODE

Woodford Oil Account Agreement

The information set forth in the account application is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorized Woodford Oil Company to investigate all references and customary credit information sources including consumer credit report in repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

Credit Terms: All invoices are due in full per the terms printed on the invoice or as otherwise expressly agreed. A finance charge of one and one half percent (1 ½%) per month or 18% per annum, or the maximum allowable by state law, may be assessed on delinquent invoices. Woodford Oil Company reserves the right to change its credit terms at any time. New credit terms may be applied to the existing balance on your account unless prohibited by law. COD restrictions may be placed on past due accounts.

Venue, Attorney Fees and Cost: In the event of default, and if this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay all reasonable attorney's fees, and/or costs of collection whether or not suit is filed. Venue for any action arising out of or in any way connected to this agreement, at Woodford Oil Company's option, shall lie in Randolph County, West Virginia. Applicant's signature attests to financial responsibility, ability and willingness to pay in accordance with above terms.

Business Account Signatures

FIRM NAME _____

BY _____ TITLE _____ DATE _____

BY _____ TITLE _____ DATE _____

Individual Account Signatures

SIGNATURE _____ PRINT NAME _____ DATE _____

SIGNATURE _____ PRINT NAME _____ DATE _____

Personal Guarantee

For valuable consideration, the receipt of which is acknowledged, including, but not limited to, the extension of credit by Woodford Oil Company to the above-named Company/Individual, the undersigned, as Guarantor, individually, jointly, and severally, unconditionally guarantee(s) Woodford Oil Company the full and prompt payment of all obligations which said Company/Individual may presently or hereafter owe Woodford Oil Company and payment when due of all sums presently or hereafter owing by the Company/Individual to Woodford Oil Company. Guarantor agrees to indemnify Woodford Oil Company against any losses Woodford Oil Company may sustain and expenses incurred in collecting or compromising any indebtedness guaranteed hereunder or in enforcing this guaranty against guarantor. This shall be a continuing Guaranty, Presentation, Demand, Protest, or notice of any kind is waived; it shall remain in full force until guarantor delivers to Woodford Oil Company written notice revoking it as to indebtedness incurred subsequent to such delivery. Such delivery shall not affect any of the guarantor's obligations hereunder with respect to indebtedness incurred prior to delivery of such notice.

The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby to and authorizes the use of a consumer credit report on the undersigned, by Woodford Oil Company from time to time as many be needed in the credit evaluation process.

SIGNATURE _____ PRINT NAME _____ DATE _____

SIGNATURE _____ PRINT NAME _____ DATE _____

Please fax completed application to (304) 636-4351 and mail the original to Woodford Oil Company, Attn: Credit Department, P.O. Box 567, Elkins, WV 26241.

**ELKINS, WV
HEADQUARTERS**
P.O. BOX 567
ELKINS, WV 26241
TEL: 304.636.2688
FAX: 304.636.4351

**ASHLAND, KY
REGIONAL OFFICE**
P.O. BOX 727
ASHLAND, KY 41105
TEL: 606.928.2744
FAX: 606.928.2126

**DANVILLE, KY
REGIONAL OFFICE**
650 DAVID AVE.
DANVILLE, KY 40422
TEL: 859.236.6071
FAX: 859.236.0503

**MARLINTON, WV
REGIONAL OFFICE**
802 4TH AVE.
MARLINTON, WV 24954
TEL: 304.799.4503
FAX: 304.799.6252

**ANMOORE, WV
REGIONAL OFFICE**
RT. 58 WEST,
ANMOORE, WV 26323
TEL: 304.622.6843
FAX: 304.622.6927