

# Hubert Glass Oil Co.

36036 US Hwy 69 North Jacksonville, TX 75766

Ph: 903-586-8026 \* Toll Free: 877-977-OILS \* Fax: 903-589-1232

## APPLICATION FOR CREDIT AND AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SALES TAX #: \_\_\_\_\_ PREFER ON LINE ORDER ACCESS: Yes No (Circle Desire)

TYPE OF BUSINESS: \_\_\_\_\_ # YEARS IN BUSINESS: \_\_\_\_\_

INDIVIDUAL: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ CORPORATION \_\_\_\_\_

OWNERS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

BANK REFERENCE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### CREDIT REFERENCES:

	NAME	PHONE	FAX (must have)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I hereby authorize Hubert Glass Oil Co., hereinafter called COMPANY, to initiate debit entries to my/our checking account indicated below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA #: \_\_\_\_\_ ACCT #: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Terms\*** Payments are due according to terms stated on invoice. The undersigned Customer agrees to perform this contract by paying HUBERT GLASS OIL CO. in Cherokee County, Texas at the address listed above. All 60-day accounts will automatically become COD. A service charge of 1.5% per month (18% APR) will be added to all overdue accounts. Customer is also liable for all costs incurred from collections and attorney fees. The undersigned hereby authorizes inquiries necessary to obtain credit and authorizes my bank to release any information necessary regarding my account.

I/We agree to these credit terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(APPLICATION MUST BE SIGNED AND DATED)