



COMPANY INFORMATION

Legal Business Name:		DBA:		Federal Tax ID:	
Billing Address:			City:		State: Zip:
Sales Contact:		Phone #:	Fax #:		Email:
Accounts Payable:		Phone #:	Fax #:		Email: Preferred: <input type="checkbox"/>
No. of years business under current ownership:		Type of Business: Corporation: <input type="checkbox"/> LLC: <input type="checkbox"/> Partnership: <input type="checkbox"/> Sale Proprietorship: <input type="checkbox"/>			
Ship to Address (Complete if different than billing address):			City:		State: Zip:
Credit Line Requested:			DUNS #:		

PRINCIPLE OR GUARANTORS INFORMATION

Name:		Title:		Driver License #:	State:	Social Security #:	
Home Address:			City:		Home Phone:		State: Zip:
Secondary Name (If Applicable):		Title:		Driver License #:	State:	Social Security #:	
Home Address:			City:		Home Phone:		State: Zip:

BANK REFERENCES

Bank Name:		Account #:		Phone #:		Fax # or Email:	
Address:			Contact:		City:		State: Zip:
Bank Name:		Account #:		Phone #:		Fax # or Email:	
Address:			Contact:		City:		State: Zip:

TRADE REFERENCES

Name:		Account #:		Phone #:		Fax # or Email:	
Address:			City:		State:		Contact Name:
Name:		Account #:		Phone #:		Fax # or Email:	
Address:			City:		State:		Contact Name:
Name:		Account #:		Phone #:		Fax # or Email:	
Address:			City:		State:		Contact Name:



AUTOMATIC DEBIT AUTHORIZATION EFT/ACH DRAFT

Type of Business:			
EFT/ACH Draft: <input type="checkbox"/> Credit Card: <input type="checkbox"/> Check: <input type="checkbox"/>			
Bank Name:		Branch:	
Address:		City:	State: Zip:
Name on Account:	Routing #:	Account #:	

AUTOMATIC DEBIT AUTHORIZATION CREDIT CARD

Company Name:		Card Holder's Name:	
Billing Address:		City:	State: Zip:
Credit Card Type:			
Visa: <input type="checkbox"/> Mastercard: <input type="checkbox"/> American Express: <input type="checkbox"/> Discover: <input type="checkbox"/>			
Card #:	Expiration Date:	Card Security Code:	

AUTHORIZATION

I, the undersigned, being a duly officer authorized to sign on behalf of the named company and/or corporation listed on this credit application, do hereby authorize North American Lubricants Company (NAL) to debit my (our) account for any and all purchases on my account within the terms established by NAL. Any changes or cancellation to this information must be submitted in writing to NAL. Notice of change or cancellation shall in no way effect pending charges on my account prior to NAL receiving written notice of any changes. Furthermore, I (we) agree that NAL may suspend and or cancel this agreement at any time with or without notice at its sole discretion. The signing party understands that an application for credit does not guarantee credit and agrees to pay in full within the established terms for all orders. Credit terms may be changed at any time with or without notice by NAL. Any dispute arising from this agreement will be governed by and construed in accordance with applicable U.S. federal law and the laws of the State of Arizona, without regard to conflict of laws principles. Each party irrevocably consents to the exclusive jurisdiction and venue of the United States federal and Arizona state courts or Maricopa County in connection with any dispute or claim arising under this agreement. By signing this authorization, the undersigned agrees to personally guarantee all debts incurred by the company listed above, including its affiliates, owners and employees. By signing below, the undersigned individual accepts and understands that all price quotes from NAL are based on approved credit terms from the date of shipment. In addition, the undersigned agrees that late fees will apply to all late payments. In the event payments due under this personal guarantee are not punctually paid upon demand, then the undersigned agrees to pay for all reasonable costs and attorney fees necessary for collection, and enforcement of this guarantee. The undersigned further understands and agrees that interest on any and all late payments shall accrue at 18% annually, compounded monthly or the maximum allowable by the state where the customer's business is located.

Name (Please Print):	Title:
Signature:	Date:

NECESSARY DOCUMENTS CHECKLIST:

<input type="checkbox"/>	Signed & Completed Credit Application
<input type="checkbox"/>	Form W-9
<input type="checkbox"/>	Tax Exemption Certificate (If Applicable)

Please return completed application package to Accounting@NALUBE.com or fax to 480-624-5890.

*All sales are final.