

HARBERT OIL COMPANY, INC.
PO BOX 128 BIEBER, CA 96009 (530) 294-5371 FAX (530) 294-5900

COMMERCIAL/BUSINESS CREDIT APPLICATION

BILLING AND PAYMENT TERMS
NET 10 DAYS

- 1.) Invoices will be left with the customer at the time of delivery or mailed the following day.
- 2.) Fuel Access Card (CFN cardlock) transactions will be billed semi-monthly. Usage from the 1st – 15th will be due on the 25th and usage from the 16th to the end of the month will be due on the 10th of the month following.
- 3.) Bulk deliveries and all other purchases will be due on the 10th day following purchase.
- 4.) Heating Fuel Customers currently on or interested in our Budget Payment Program will have their monthly payment due on the 10th of the month (*additional contract must be signed)

*****Faxed copy of credit application will be accepted and used to expedite processing, but originals must be mailed!***

ALL INFORMATION MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED

BULK ACCOUNT _____ **CARDLOCK** _____ **# OF CARDS** _____

BULK DELIVERY CHOICE: WILL CALL _____ **AUTOMATIC** _____

DIESEL FUEL EXEMPT: YES _____ **NO** _____ **EXEMPTION PAPERS ATTACHED** _____

TYPE OF FUEL: DYED DIESEL _____, **CLEAR DIESEL** _____, **DYED KEROSENE** _____, **GAS** _____

REQUESTED CREDIT LIMIT _____

BUSINESS NAME/TYPE OF ENTITY/TYPE OF BUS.

BILLING ADDRESS _____

CITY, STATE, ZIP _____

SHIPPING ADDRESS _____

FED ID # _____

NUMBER OF YEARS IN BUSINESS _____

OWNER'S CONTACT INFORMATION:

NAME _____

ADDRESS _____

WORK PHONE _____

CELL PHONE _____

SOCIAL SECURITY # _____

BIRTH DATE _____

ACCOUNTS PAYABLE CONTACT INFORMATION:

NAME: _____

PHONE # _____

FAX # _____

EMAIL _____

LIST OF OFFICERS:

BANK REFERENCE:

NAME OF BANKING INSTITUTION:

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE # _____

CREDIT REFERENCES:

NAME #1 _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE # _____

NAME #2 _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE # _____

NAME #3 _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE # _____

NAME #4 _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE # _____

