

# NEW CUSTOMER CREDIT APPLICATION ROUTING FORM

THIS FORM MUST BE COMPLETELY FILLED-IN BEFORE CREDIT IS APPROVED. UNCOMPLETED FORM WILL DELAY APPROVAL.

DATE: \_\_\_\_\_ SALES REP: \_\_\_\_\_

☐ VV: \_\_\_\_\_ ☐ COACHELLA: \_\_\_\_\_ ☐ VV CL: \_\_\_\_\_ ☐ COACHELLA CL: \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_ DBA: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

1ST SHIP TO ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

A/P NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

PURCHASING NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

TYPE OF BUSINESS: \_\_\_\_\_

**METHOD TO DELIVER INVOICES:** ☐ FAX: \_\_\_\_\_

☐ POSTAL-(USE BILLING ADDR) ☐ EMAIL: \_\_\_\_\_

**FUEL PRICING:** ☐ POSTED ☐ QUOTED ☐ KEEP FILL: \_\_\_\_\_ ☐ OTHER: \_\_\_\_\_

**OIL PRICING:** ☐ POSTED ☐ COLUMN B ☐ COLUMN C ☐ SPECIAL

PRODUCT(S) TO BE PURCHASED: \_\_\_\_\_ DOES CUSTOMER USE PO'S? ☐ YES ☐ NO

SPECIAL TAX EXEMPTION (FED OR STATE) EXPLAIN: \_\_\_\_\_

RESALE CUSTOMER? ☐ YES ☐ NO RESALE # (MUST BE CALIF): \_\_\_\_\_

## (MUST HAVE RESALE CERTIFICATE COMPLETED AND ON FILE)

\* The official State of California form must be used, index card or full sheet sizes acceptable. (Available on Beck Oil Website)

\*Property to Purchase (Item 5 on form) must state '**Petroleum Products and related Products**'

\*Resale number must be verified, verification printed and attached to resale card. Use website <http://www.boe.ca.gov/sutax/sutprograms.htm>

\*Name on resale card must match customer' name exactly.

\*If customer is applying for a resale number, they must pay sales tax until resale number has been issued and verified.

## THIS BOX TO BE COMPLETED BY APPROVAL OFFICIER ONLY

	WHOLESALE	CARDLOCK	TOTAL
AMOUNT	\$ _____	\$ _____	\$ _____
TERMS:	<input type="checkbox"/> 15 DAY	<input type="checkbox"/> 15 DAY	
	<input type="checkbox"/> 30 DAY	<input type="checkbox"/> 30 DAY	
OTHER:	_____	OTHER: _____	
APPROVAL:	_____	DATE: _____	

ACCOUNT ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ REVISED 03/2014