



Fuelman of DFW
 P.O. Box 1260
 Fort Worth, TX 76101-1260
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creditservices@fuelmandfw.com

CREDIT APPLICATION

APPLICATION INFORMATION

Customer's Legal Name			Main Phone #	Fax #
Subsidiary or d/b/a			Nature of Business	
Street Address			Year Present Company Name Established	
City	State	Zip Code	# of Vehicles Fueling	Est. Weekly Gallons
Mailing Address (If Different Than Above)			Federal Tax ID #	
Address			Contact Name	
City	State	Zip Code	Social Security #	
			Email Address	

Type of Organization: Sole Proprietorship Partnership LLC LLP Corporation Non-Profit Government

Bank Reference

Bank Name			Officer's Name	
Address			Phone #	
City	State	Zip Code	Operating/Checking Account #	

Bank Name			Officer's Name	
Address			Phone #	
City	State	Zip Code	Operating/Checking Account #	

Trade Reference

Company	Account #	Telephone	Credit Dept. Fax

The undersigned certifies that the information set out in this Credit Application is true and correct to the best of the undersigned's knowledge and that the undersigned is authorized to sign this Credit Application. The undersigned understands that Fuelman of DFW will retain this Credit Application regardless of whether this Credit Application is approved. As evidenced by the signature of Applicant's authorized representative below, Applicant hereby authorizes each bank and trade credit reference listed above to release account information to Fuelman of DFW regarding the bank account and trade reference's account listed above and authorizes Fuelman of DFW to request such information. Applicant authorizes Fuelman of DFW to obtain credit bureau reports.

Company: _____

Signature: _____ Printed Name: _____

Title: _____ Date: _____