



Proprietary Card Application
COUCH OIL COMPANY OF DURHAM, INC.
PURE STATION
2905 HILLSBOROUGH ROAD - DURHAM, N.C.
919-286-5408(O) 919-286-3448(F)
Web Site: www.couchoilcompany.com
Email: accounting@couchoilcompany.com

Customer Information:

Legal Company Name: _____
Billing Address: _____ City: _____
State / Zip: _____ # Years in Business: _____
Federal TIN / SSID # _____ Type of Business: _____
Owner Name: _____ Phone # _____
Email Address: _____ Fax # _____
Accounts Payable Contact: _____ Phone # _____
Accounts Payable Email Address: _____

Card Information:

Company name as you want it to appear on cards: _____
Please indicate the quantity of each type of card you would like to receive:
Diesel and Gas: _____ Diesel only: _____ Gasoline only: _____

Please note any special instructions or information you'd like included with your billing (such as driver names, etc.):

Are you currently a Couch Oil customer, with a credit line already established? Yes ___ (skip to signature) No ___

New Customers Credit information

Bank Reference Information:

Bank Institution: _____ Address: _____
Name - Banking Officer: _____ Phone # _____ Fax # _____

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Business Trade References

(Please provide 3 references)

Company Name: _____

Address: _____

Contact: _____

Phone # _____ Fax # _____

Company Name: _____

Address: _____

Contact: _____

Phone # _____ Fax # _____

Company Name: _____

Address: _____

Contact: _____

Phone # _____ Fax # _____

SIGNATURE

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Name (please print)

Title

Signature

Date