

**COMMERCIAL CREDIT APPLICATION**  
**HAGER OIL COMPANY, INC.**  
P. O. Box 1429  
JASPER, AL 35502-1429  
Phone: (205) 384-3422



HAGER OIL COMPANY USE ONLY	
TERMS	
Salesperson: _____	Fuel: _____
Credit Approval: _____	Lubes: _____
Date: _____	PP: _____

**SECTION 1 - BUSINESS INFORMATION**

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_ Credit Amount Requested: \$ \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Email address(es) to transmit electronic invoices and/or statements: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_ Type of Organization: Sole Proprietorship  Partnership  Corporation  LLC

**SECTION 2 - OWNERSHIP INFORMATION**

(Name(s) of Shareholder(s), Partner(s), Member(s) or Proprietor: attach additional sheet if necessary)

**Individual :** \_\_\_\_\_ SS# \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION 3 - BANK REFERENCE**

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Account Number(s): \_\_\_\_\_

**SECTION 4 - TRADE REFERENCES**

(Please provide information on creditors from whom you have made purchases during the past twelve months)

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECTION 5 - CONTINUING PERSONAL GUARANTEE**

For and in consideration of the extension of credit to "Customer" as listed in the "BUSINESS INFORMATION" section of this Commercial Credit Application, I personally and unconditionally guarantee to Hager Oil Company, Inc. payment of each and every claim, demand, indebtedness, right or cause of action of every nature whatsoever against the "Customer" now or hereafter existing, due or to become due, held by Hager Oil Company, Inc., together with any and all expenses including reasonable attorney's fees and costs of litigation, incurred by Hager Oil Company, Inc. in enforcing this agreement, at the offices of Hager Oil Company, Inc., in Jasper, Walker County, Alabama. I do further agree to bind myself, my heirs, personal representatives and assigns to pay on demand any sum which may become due to Hager Oil Company, Inc. by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity for all such indebtedness of the company. I waive notice of acceptance of this guaranty and all other notices including, without limitation, notice of presentment, protest, notice of protest, notice of non-payment, with respect to all or any part of the enforcement of the guaranty agreement.

I understand that as a principal of this "Customer", my signing below will authorize Hager Oil Company, Inc. to obtain one or more credit bureau reports about me now and at any time in the future. I further authorize any bank with whom I am doing or have done any type of business to give any and all necessary information to you which will assist you in your credit investigation and release any claim I may have for breach of contract or invasion of privacy of information furnished to you.

**SIGN HERE** (arrow pointing left)

1: Printed Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 6 - GENERAL TERMS AND PROVISIONS (Signature Required)**

**\*\*\* APPLICATION IS NOT CONSIDERED COMPLETE UNLESS CUSTOMER SIGNATURE IS PROVIDED WITHIN THIS SECTION 7 \*\*\***

This application and the information contained herein is a request for the extension of credit. The filling out and execution of this application shall not be considered an extension of credit to the Customer. By signing this application the applicant authorizes Hager Oil Company, Inc. to obtain any written or oral credit report which will assist in the credit investigation. If credit is extended, the applicant agrees to pay all debts incurred within the creditor's terms of sale, which will be Net 10, unless otherwise stated and found within the "Acknowledgement of Terms". At the sole discretion of Hager Oil Company, Inc., all amounts will become due and payable in the event any amount is considered past due. The applicant also agrees to pay a FINANCE CHARGE OF 1 1/2% PER MONTH (ANNUAL PRECENTAGE RATE 18%) on any past due balance. In the event that it becomes necessary to pursue legal action for the collection of the account, the applicant agrees to pay reasonable attorney fees, litigation cost, and in addition to all costs of suit incurred therein. Returned check fees will apply for all checks returned by the Customer's bank. Names of credit reporting agencies furnished upon request.

Everything we have stated in this application for credit is correct to the best of our knowledge. Hager Oil Company, Inc. is given permission to check our credit references and the information on this application, and to obtain consumer or commercial credit reports to check out credit standing. These credit reports may be obtained in connection with an update of our credit file, and before further credit is extended to us. I understand that as an authorized person of this company, my signing below will authorize Hager Oil Company, Inc. to obtain one or more credit bureau reports about this company now and at any time in the future. This application is the property of Hager Oil Company, Inc.

**SIGN HERE** (arrow pointing left)

Authorized Signature

Title

Date

**SECTION 7 – ACH (Electronic Funds Payment) SECTION**  
**(BY SIGNING BELOW, CUSTOMER AGREES TO DEBIT PAYMENT AUTHORIZATION)**

The named "Customer" as listed in the "BUSINESS INFORMATION" section of this Commercial Credit Application hereby authorizes Hager Oil Company, Inc. entries to "Customer's" bank account indicated below and the bank named below to debit such transactions to such bank account.

Bank Routing/ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_ Account Type (circle)  Checking  Savings

Email address for ACH notifications: \_\_\_\_\_

This authorization will remain in effect until terminated upon 30 days written notice by either the "Customer" or Hager Oil Company, Inc. at: 1002 Old Birmingham Highway, Jasper, Alabama 35501, unless however, bankruptcy or insolvency proceedings are begun by or against "Customer", or in Hager Oil Company, Inc.'s sole judgment other impairments exist as to "Customer's" business, then Hager Oil Company, Inc. may terminate this agreement without notice. Notice of termination shall in no way affect the crediting transactions initiated prior to the effective termination date.

"Customer" hereby waives any requirement by Hager Oil Company, Inc. to make prior notification of amount and date of debit entries to "Customer's" bank account(s), provided however, such transactions are for a sum due and owing Hager Oil Company, Inc. as supported by invoice or other statement. Customer will incur a returned check fee for any payment returned for non-sufficient funds.

All other credit, terms of sale and requirement between "Customer" and Hager Oil Company, Inc. remain in effect. It is understood that this authorization is subject to credit approval by Hager Oil Company, Inc. Payments returned to Hager Oil Company, Inc. by the customer's bank will incur charges identical to returned check charges.



**Authorized Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**SECTION 8 – ADDITIONAL INFORMATION (REQUIRED)**

Do You Have Tax Exemption Number(s)? (circle one) Yes No  
 If Yes, Please provide the following:

Tax Exemption Type	Tax Exemption Number
_____	_____
_____	_____

- Purchase Order Required? (circle one) Yes No

**\*\*\*ATTACH COPIES OF ALL TAX EXEMPTION CERTIFICATES LISTED ABOVE\*\*\***

Physical (911) Address of Delivery Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Inside City Limits? (circle one) Yes No If Yes, What City Limits? \_\_\_\_\_

If outside of City Limits, are you in Police Jurisdiction? (circle one) Yes No If Yes, What Police Jurisdiction? \_\_\_\_\_

Directions for Deliveries: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

