



Sales Rep: Harold Walker
 Cell Phone: 337-256-7553
 E-mail: hwalker@miguezfuel.com
 Office Line: 337-365-3784
 Fax Line: 337-359-8880
 Website: www.miguezfuel.com

CREDIT APPLICATION

Applicant Contact and Business Information

Business Name: _____
 Other Trade Name: _____ Web Address: _____
 Telephone: _____ Fax: _____
 Contact Name: _____ Contact Number: _____
 Mailing Address: _____ City: _____ County _____ State _____ Zip _____
 Business Address: _____ City: _____ County _____ State _____ Zip _____
 Parent Company or Headquarter Address: _____
 Dun & Bradstreet # _____ Years in Business _____

Corporation (Privately Held) Corporation (Publicly Traded).....Symbol _____
 Partnership Sole Proprietor Federal, State or local Gov't

Federal ID# _____ Social Security# _____
 (Corporation or Government) (All Others)

Principle Officers, Partners, or Individual Propretor: (attach additional page if necessary)

Corporate Officer: _____ Title: _____
 Corporate Officer: _____ Title: _____
 Corporate Officer: _____ Title: _____

Bank References

Bank Name: _____	Bank Name: _____
Contact Name: _____	Contact Name: _____
Account # _____	Account # _____
Phone # _____	Phone # _____
Fax # _____	Fax # _____

Trade / Credit References (Please list your larger suppliers/vendors)

Reference Name	Phone	Fax	Account #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

I certify that I am authorized to make this request on behalf of this company. I understand the payment terms of Miguez Fuel, LLC are Net 30 for oils and bobtail deliveries and Net 10 on all transports and agree to pay all purchases according to these terms. I further agree this application is the property of Miguez Fuel, LLC, and authorize Miguez Fuel, LLC to investigate credit and financial information through any credit bureau or by any other reasonable means including direct contact with past and present creditors and banking institutions.

Signed This _____ Day of _____ 20 _____

Authorized Signature _____ Title: _____

Printed Name _____ Valid Drivers License # and State _____
 (Disregard for Corporations and Govenments)

It is Miguez Fuel policy that all past due accounts are subject to a finance charge that is the highest allowed by State Law, plus reasonable attorney's fees and costs of suit if the past due account(s) are placed for collection.

FOR OFFICE USE ONLY

Reference Name	Date Sent 1 st request	Date 2 nd Request	Date Returned	Is Account satisfactory
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____



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ACCOUNT SET-UP INFORMATION

Billing and Shipping Information

Business Name: _____
 Accounts Payable Contact: _____ Telephone: _____ Fax: _____
 Representative E-mail Address: _____
 Purchase Order Needed (Circle One) Yes No (If Yes answer below) If blanket PO is used provide here: _____
 Customer To Provide PO At What Time: (Circle One) At time of Order At Time of Delivery At Time of Invoice
 Contact for POs: _____ E-mail: _____
 Special Instructions: _____

Indicate Statement Delivery Method: (Circle one) E-mail E-mail Address _____
 (E-Mail is our preferred method) Mail ATTN Line _____
 Fax Fax # and ATTN _____

Ship-to Location Name (if different) _____
 Ship to Address: _____ City _____ County _____ State _____ Zip _____
 Ship to Contact: _____ Telephone: _____ Fax: _____
 Special Unloading Requirements: _____

Purchasing Information

CIRCLE products that will be ordered and LIST applicable tank sizes for each

	Tank Size	Monthly Volume		Tank Size	Monthly Volume
Unleaded	_____	_____	Low Sulfur Diesel (Clear)	_____	_____
Oils/Lubes-Bulk	_____	_____	High Sulfur Diesel(Red)	_____	_____
Oils/Lubes-Packaged	_____	_____	Other	_____	_____

Tax Information

(CIRCLE ONE)

Sales Tax Oils & Lubricants	N/A	YES	NO	If no, a resale or exemption certificate must be attached
Sales Tax Parts & Equipment	N/A	YES	NO	If no, a resale or exemption certificate must be attached
Sales Tax Services	N/A	YES	NO	If no, a resale or exemption certificate must be attached
Sales Tax Fuel	N/A	YES	NO	If no, a resale or exemption certificate must be attached
State Tax	N/A	YES	NO	If no, please attach certificate
Parish Tax	N/A	YES	NO	If no, please attach certificate

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APPROVED CREDIT LIMIT: \$ _____

AUTHORIZED SIGNATURE: _____

DATE ACCOUNT APPROVED: _____



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GRANTING CREDIT TO YOU AND YOUR PRIVATELY-OWNED BUSINESS:

Many of our very good customers are privately-owned businesses, and we understand very well that few entrepreneurs wish to broadcast the details of their personal business. When we sell to your company, however, we are really selling to you. We are depending on your character, your financial strength, your commitment to your vendors, and your business ethics.

Therefore, in order for us to extend credit except for very modest amounts, we ask for added information and security beyond just trade and bank references. This commonly takes the form of current company financial statements, a continuing personal guarantee, and a personal financial statement. Please execute the Personal Continuing Guarantee set forth below, and mail or fax signed copies of current company and personal financial statements, marked "CONFIDENTIAL," directly to MIGUEZ FUEL, LLC., 3015 GENE FLASH ROAD, NEW IBERIA, LA. 70560; FAX (337) 359- 8880. This confidential information will not be shared with our branch managers, sales personnel, or other vendors.

PERSONAL CONTINUING GUARANTEE

On this ____ day of _____, 20____, the undersigned _____, of _____, State _____
 (Individuals Name) (City, Parish, County) of _____.

for and in consideration of the extension of credit by one or more of MIGUEZ FUEL,LLC. hereinafter called Creditor, unto _____, hereinafter called Debtor, and which said credit is being extended to Debtor by Creditor at the request Of _____ (Company name or Individual Guaranteeing Account)

Guarantor. Guarantor declares that he is fully cognizant that Debtor currently owes Creditor the sum of \$ _____ on account, and Guarantor does hereby give this continuing guaranty to said Creditor, his transferees or assigns for the payment in full together with all interest, fees, and charges of whatsoever nature and kind, of any indebtedness, direct or contingent, of said Debtor to said Creditor up to the amount of \$ _____, including the said sum of \$ _____, aforementioned, whether due or to become due and whether now existing or hereafter arising; and Guarantor hereby binds and obligates himself, his heirs and assigns, in solido with said Debtor, for the payment of the said indebtedness, precisely as if the same had been contracted and was due or owing by Guarantor individually, hereby agreeing to, and binding himself, his heirs and assigns, by all terms and conditions contained in this Credit Application or in any other written understanding signed or to be signed by said Debtor, making himself a party thereto; and waiving all notice and pleas of discussion and division, Guarantor agrees to pay upon demand at any time to said Creditor, his transferees and assigns, the full amount of said indebtedness up to the amount of this guaranty, together with interest, fees and charges, as above set forth, becoming subrogated in the event of payment in full by Guarantor, to the claim of said Creditor, his transferees or assigns, together with whatever security Creditor may hold against said indebtedness. The Creditor may extend any obligation of the Debtor one or more times and may surrender any securities held by Creditor without notice or consent from Guarantor, and Guarantor shall remain at all times bound hereby, notwithstanding such extensions and/or surrender.

Guarantor further declares that this continuing guaranty Is absolute and complete, and that acceptance, and notice of acceptance, thereof by the Creditor are therefore unnecessary and they are hereby expressly waived.

I/we have carefully read the foregoing guarantee and do hereby sign same as my/our own free act in the presence of attesting witnesses IN WITNESS WHEREOF, I/we have herunto set my/our hand this _____ day of _____, 20_____

GUARANTOR: _____
 SIGNATURE: _____
 PRINT NAME: _____
 HOME ADDRESS _____
 SS# _____ DR LIC# & STATE _____

GUARANTOR: _____
 SIGNATURE: _____
 PRINT NAME: _____
 HOME ADDRESS _____
 SS# _____ DR LIC# & STATE _____

WITNESSES:
 NAME: _____

NAME: _____