



KRAMER OIL
EST. 1976

Kramer Oil Company, Inc.
P.O. Box 343
Marysville, KS 66508
local 1-785-562-2466
toll free 1-800-498-2466
fax 1-785-562-3348

Application for Credit

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Business Phone: _____ Contact Name: _____

Federal ID Number: _____

Where do you bank: _____

Bank Address: _____

Bank Phone: _____

How long have you had an account with this bank?
(if less than 1 year, please list previous bank information)

May we contact your bank for a credit reference? (Circle One) Yes No
How many cards would you like issued to you?

Supplier References:

- 1. Name: _____ Phone: _____
Address: _____ Fax: _____
- 2. Name: _____ Phone: _____
Address: _____ Fax: _____
- 3. Name: _____ Phone: _____
Address: _____ Fax: _____

Terms: Payments are due on the 15th of each month.
Late payments are susceptible to a 2% service charge, \$25 minimum

By signing this, I certify that all information on this document is correct, and I fully understand and agree with the **Terms** stated above.

Signature: _____ Date: _____

For Office Use Only

Account # _____

Card # _____ PIN# _____

Card # _____ PIN# _____