



Valley Pacific Petroleum Services

Commercial Credit Application

~ No Surprises... No Disappointments ~

Salesperson: _____

GENERAL INFORMATION:		Date: _____
Business Name _____		
DBA _____		
Billing Address _____		
City _____	County _____	State _____ Zip Code _____
Phone# _____ () _____	Fax # _____ () _____	
Company E-Mail _____		Website _____
Delivery Address _____		
City _____	County _____	State _____ Zip Code _____
BUSINESS TYPE: ___ Corporation ___ L.L.C. ___ Partnership ___ L.L.P. ___ Joint Venture		
Federal Tax ID #: _____		
Principal _____	SSN _____	
Officer/Member Name _____	Title _____	
Officer/Member Name _____	Title _____	
Officer/Member Name _____	Title _____	
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Other (specify) _____		
Owner _____	SSN _____	
Owner _____	SSN _____	
Nature of Business _____		
Taxable: Yes ___ No ___ If No, Valid Resale Certificate Must Be Attached		
In Business Since _____	# Of Employees _____	D&B Rating _____
Monthly Statement Required: Yes ___ No ___	P.O. # Required: Yes ___ No ___	
Accounts Payable Contact: _____	Phone: _____	
AP Email Address: _____		
Have You Been In Business Before? Yes ___ No ___ If Yes, Specify _____		
Other VPPS Accounts: _____		

High-Quality Fuels & Lubricants

- Diesel & Gasoline
- Biodiesel B20
- Renewable Diesel
- Diesel/Motor Oils
- Industrial Oils
- Food-Grade Oils
- DEF & Coolants

Equipment

- Tanks – Fuel & Oil
- Custom Installation
- Purchase Programs

Cardlock

- Control
- Convenience
- Reporting
- CFN, Fleetwide, & Voyager Networks

Unsurpassed Customer Service

- Friendly, knowledgeable staff
- 24/7 service
- 24-hour emergency response

Please check boxes below to pay by EFT & receive physical invoices:

- I wish to pay by Electronic Funds Transfer (EFT) - Attach completed Valley Pacific EFT Agreement
- I wish to also receive physical invoices mailed to our Billing Address (see above)*

**ALL Customer will receive electronic invoices at the AP Email email address listed above*



BANK REFERENCE:	
Bank Name _____	Telephone # _____
Mailing Address _____	FAX # _____
City, State, Zip _____	Business Checking Acct # _____

We proudly sell products from these brands and more!



COMMERCIAL TRADE REFERENCES:	
Supplier Name: _____	Supplier Name: _____
Mailing Address: _____	Mailing Address: _____
City, State, Zip _____	City, State, Zip _____
Main Contact Name _____	Main Contact Name _____
Telephone# _____	Telephone# _____
Fax# _____	Fax# _____
Products/Service Purchased _____	Products/Service Purchased _____
Account Open Since _____	Account Open Since _____

Please Return Application to your Salesperson (preferable).

Or Return to Attn: Laura Garza

Email: laura.garza@vpps.net

Mailing Address: 1633 E. Mineral King Visalia, CA 93292

FAX: (559) 732-0817



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TERMS & CONDITIONS

I hereby affirm that I am a legally-authorized agent of the above-named credit applicant. This application is signed and this information is provided to Valley Pacific Petroleum Services, Inc. (hereinafter called Valley Pacific) for the purpose of obtaining commercial credit. I certify this information is true and correct. I hereby authorize the banking and commercial trade references listed on the reverse of this form and credit reporting agencies to disclose relevant credit information regarding applicant, and credit applicant's principals and partners to Valley Pacific and specifically authorize this to be done using telephone, internet, fax, U.S. Mail or photocopied requests on the part of Valley Pacific personnel.

The undersigned agrees to pay for all purchases according to standard stated terms of net 10 days for Truck & Trailer Fuel purchases, net 20 days for Tank Wagon Fuel purchases, net 20 days for Lubricant purchases, net 5 days EFT for retail fuel purchases, net 5 or net 10 days EFT for rack fuel purchases or other terms approved by Valley Pacific. I hereby promise that all goods and services purchased on account shall be paid on time and in full according to the credit terms specified by Valley Pacific. No deductions or discounts are allowed unless agreed upon by Valley Pacific in writing. Any product returns must have prior approval and may be subject to a restocking charge.

I hereby agree to reimburse Valley Pacific for any and all expenses directly incurred in collecting past-due balances on any accounts established for this applicant including but not limited to attorney fees and outside collection costs. I further agree to pay monthly late charges of up to 1.5% (18% APR) on any past due account balances. The parties hereto knowingly and intentionally waive the right to a jury trial on any issue or dispute that may arise between them.

Legally-Authorized

Agent Signature: _____

Printed Name: _____

Title: _____ Date: _____

Guaranty Agreement:

In consideration of credit being extended to Corporation/Partnership/LLC, I/we certify the truthfulness of the statement appearing above, and I/we guarantee and bind ourselves to the payment of all amounts purchased or now owing. If credit is extended to a corporation/partnership/LLC in which we, or either of us, or I am an officer, or in which an interest exists, I/we will personally guarantee the payment of all credit extended to said corporation.

Signature _____ Printed Name _____

Signature _____ Printed Name _____

Signature _____ Printed Name _____

Signature _____ Printed Name _____

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Member of...

