



# TORO PETROLEUM CORP.

308 WEST MARKET STREET • SALINAS, CALIFORNIA 93901 • (831) 424-1691 • (831) 375-5178 • FAX (831) 424-0176

## CREDIT APPLICATION

ESTIMATED MONTHLY CHARGES: \$ \_\_\_\_\_ CREDIT LIMIT DESIRED: \$ \_\_\_\_\_ TORO CONTACT: \_\_\_\_\_

ITEMS BEING PURCHASED:  BULK FUELS  LUBRICANTS  CARD LOCK NO. OF CARDS REQUESTED: \_\_\_\_\_

NAME OF ORGANIZATION/INDIVIDUAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_ FAX NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

BUSINESS ACTIVITY \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ FED ID # \_\_\_\_\_ RESALE # \_\_\_\_\_

TYPE OF BUSINESS:  INDIVIDUAL  PARTNERSHIP  CORPORATION  LLC  OTHER: \_\_\_\_\_

DATE BUSINESS ESTABLISHED \_\_\_\_\_ DATE CURRENT OWNERSHIP ESTABLISHED \_\_\_\_\_

BUSINESS IN ANY OTHER NAME? (SPECIFY) \_\_\_\_\_ NAME OF PERSON RESPONSIBLE FOR PAYMENT OF THIS ACCOUNT, OR ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

**Please complete the following for the Sole Owner, Partners or all General Corporate Officers. If there are more than two individuals, please make a copy of this form. Incomplete applications will not be processed:**

**1** NAME \_\_\_\_\_ TITLE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_ YEARS (Circle one): OWN RENT

PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_ IF OWNED, APPROXIMATE VALUE \$ \_\_\_\_\_ AMOUNT OWED \$ \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ EMPLOYER'S PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ SPOUSE'S SOCIAL SECURITY # \_\_\_\_\_

**2** NAME \_\_\_\_\_ TITLE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_ YEARS (Circle one): OWN RENT

PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_ IF OWNED, APPROXIMATE VALUE \$ \_\_\_\_\_ AMOUNT OWED \$ \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ EMPLOYER'S PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ SPOUSE'S SOCIAL SECURITY # \_\_\_\_\_

A FINANCE CHARGE OF 1.5% PER MONTH (18% PER ANNUM) WILL APPLY TO ALL PAST DUE ACCOUNTS; Minimum charge: \$1.00, plus cost of collection, including attorney fees incurred. By signing below, I / We authorize **Toro Petroleum Corp.** to investigate the credit of all entities and individuals listed above and to verify all information on this application.

### PERSONAL GUARANTEE (Spouse must also sign)

I / We, the undersigned, jointly and severally, for and upon consideration of monthly billing privileges being extended to the firm named on this Application do hereby individually guarantee and promise to pay any and all obligations of said firm which have in the past or may in the future be contracted and or owing to **Toro Petroleum Corp.**, 308 West Market Street, Salinas, California 93901, on an open account or otherwise, including, but not limited to service charges and attorney fees.

DATED: \_\_\_\_\_ DATED: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
(SIGNATURE) (SIGNATURE)

(PRINTED NAME) (TITLE) (PRINTED NAME) (TITLE)

**CREDIT APPLICATION**

NAME OF ORGANIZATION/INDIVIDUAL \_\_\_\_\_

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Are you currently purchasing fuel through another fuel supplier or cardlock fuel program?  YES  NO

If yes, please provide the name of your current fuel supplier: \_\_\_\_\_

Please provide CREDIT REFERENCES for the Business and/or the Individuals referenced on the opposite side.

**CURRENT PETROLEUM SUPPLIER**

ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ ACCOUNT IN THE NAME OF: \_\_\_\_\_  
FAX ( \_\_\_\_\_ ) \_\_\_\_\_

**OTHER**

**1** NAME \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT IN THE NAME OF: \_\_\_\_\_  
PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

**2** NAME \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT IN THE NAME OF: \_\_\_\_\_  
PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

**3** NAME \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT IN THE NAME OF: \_\_\_\_\_  
PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

**4** NAME \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT IN THE NAME OF: \_\_\_\_\_  
PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

**FINANCIAL REFERENCES**

**BANK** \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ BANK ACCOUNT # \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT IN THE NAME OF: \_\_\_\_\_  
PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

**OTHER FINANCIAL INSTITUTION** \_\_\_\_\_ CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ BANK ACCOUNT # \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ ACCOUNT IN THE NAME OF: \_\_\_\_\_  
PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_