



DUKE CITY FUELING™

Duke City Distributing Co., Inc. • DBA Duke City Fueling
 10320 Cottonwood Park NW, Suite B Albuquerque, NM 87114
 t: 505.898.0136 f: 505.898.8028 NM CRS Number 02-369937-000

APPLICANT INFORMATION

Legal Business Name:		
Owner or President:	Social Security #:	
Home Address:		
City:	State:	Zip:
<i>(Please attach a copy of the Driver's License of Owner or President)</i>		
All d/b/a Names : <i>(if different from legal name)</i>		
Federal Tax ID# and SSN #: <i>(if an individual)</i>		
Mailing (Billing) Address:		
City:	State:	Zip:
Telephone: Main: ()	Other: ()	
Fax: ()	Other: ()	
Is Applicant a: <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship		
Years in Business:	D & B Rating:	
If a Branch or Subsidiary, who is parent company?		Is a Purchase Order Required?
E-mail:		
Credit Line Desired: \$		
Authorized Buyers:		
Name of Person completing this Credit Application:		

CURRENT SUPPLIER REFERENCE INFORMATION

<i>(Complete in Full. Creditors Only. No C.O.D References)</i>		
Name:	Phone: ()	
Address:		
City:	State:	Zip:
Estimated Average Monthly Fuel Needs by Gallon: Diesel Usage		
Number of Trucks:	Average Tank Capacity:	
Estimated Monthly Usage in Gallons:		
Estimated Average Monthly Fuel Needs by Gallon: Gasoline Usage		
Number of Vehicles:	Average Tank Capacity:	
Estimated Monthly Usage in Gallons:		



BANK REFERENCE INFORMATION

Bank Name:	Officer's Name:
Address:	Phone: ()
Account Numbers: Checking:	Savings:

CREDIT REFERENCES

Name:	Account #:	Phone: ()
Address:		
City:	State:	Zip:
Name:	Account #:	Phone: ()
Address:		
City:	State:	Zip:

STORAGE TANK ON SITE INFORMATION *(If Applicable)*

Tank #	Fuel Type	Capacity	Average Monthly Sales by Gallon
1.			
2.			
3.			

The PERSONAL GUARANTY AGREEMENT is made a part of the terms and conditions of this Credit Application.

CREDIT INFORMATION, PAYMENT TERMS AND COLLECTION FEES

Applicant hereby authorizes its bank, suppliers and other persons or entities with whom Applicant is doing business, or who have knowledge of Applicant's financial affairs, to release to DUKE CITY DISTRIBUTING CO., INC. information regarding Applicant's credit history and other financial information regarding Applicant. I (we) understand that credit reports may be requested at any time from business/consumer reporting agencies in connection with this application. I (we) authorize DUKE CITY DISTRIBUTING CO., INC. to exchange credit information with others in connection with this application. I (we) agree that this application shall be and remain your property whether or not this application is approved.

Payments are net (10) days from date of delivery. Applicant agrees to pay to DUKE CITY DISTRIBUTING CO., INC. interest at the rate of 24 percent per annum on any and all net amounts not paid within such ten day period. A \$250 service charge will be added on all checks or ACH's (Electronic transferring of funds) that are returned unpaid, NSF or otherwise.

Applicant agrees that if DUKE CITY DISTRIBUTING CO., INC. institutes action to recover money on account of credit extended, that DUKE CITY DISTRIBUTING CO., INC., will be entitled to recover from Applicant, any and all costs of collection, including a reasonable attorney's fee. Applicant further agrees that this application is subject to and governed by the laws of the State of New Mexico and agrees to the jurisdiction and venue of New Mexico courts located in Albuquerque, Bernalillo County, New Mexico should any action on Applicant's account be instituted.

If this application is for a DBA BOTH HUSBAND AND WIFE MUST SIGN THIS APPLICATION

Signature (Must be Officer or Owner):	
Printed Name:	Title:
SSN #:	
Signature (If DBA, spouse's signature required):	
Printed Name:	Title:
SSN #:	



PERSONAL GUARANTY OF CORPORATE INDEBTEDNESS

In consideration of the extension of credit by DUKE CITY DISTRIBUTING CO., INC. hereinafter referred to Creditor, to the corporate Applicant, hereinafter referred to as Debtor, the undersigned makes this guaranty as follows:

The undersigned absolutely and unconditionally guarantees full payment when due of all amounts, including charges for merchandise or services, interest, carrying charges, finance charges and all costs of collection for unpaid amounts, including reasonable attorney's fees payable as a result of Debtor's purchases on credit from Creditor. Guarantor shall pay all sums to Creditor at Creditor's offices in Albuquerque, New Mexico, set forth below. Creditor shall be entitled to enforce this Guaranty against Guarantor without first exhausting any remedy which it may have against Debtor. I (we) understand that credit reports may be requested at any time from business/consumer reporting agencies in connection with this application. I (we) authorize DUKE CITY DISTRIBUTING CO., INC. to exchange credit information with others in connection with this application. I (we) agree that this application shall be and remain your property whether or not this application is approved.

This guaranty is a continuing guaranty and shall continue and remain in full force and effect until written notice of revocation has been received by Creditor at its principal office located at 3615 NM Hwy 528 # 200B Albuquerque, NM 87114, either in person or by registered mail. Such revocation shall not affect the guaranty as to merchandise purchased by Debtor prior to receipt of notice of revocation. The undersigned further agrees that this Personal Guaranty of Corporate Indebtedness is subject to and governed by the laws of the State of New Mexico and agrees to the jurisdiction and venue of New Mexico courts located in Albuquerque, Bernalillo County, New Mexico should any action on this Personal Guaranty of Corporate Indebtedness account be instituted.

If this application is for a DBA BOTH HUSBAND AND WIFE MUST SIGN THIS APPLICATION

Signature (Must be Officer or Owner):

Printed Name:

Title:

SSN #:

Signature (If DBA, spouse's signature required):

Printed Name:

Title:

SSN #:

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Company Name:

Authorized Signer: *(Must be authorized to sign for ACH transactions for company)*

Name:

Is this a: New Addition Change Deletion

Changes made to customer's account number/routing number will require pre-notification)

I hereby authorize Duke City Distributing Co., Inc. hereinafter called COMPANY, to initiate debit entries to the Checking Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. I am a signer on the account indicated below.

Name of Depository:

City:

State:

Zip:

Transit/ABA No.:

Account No.:

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name on Account:

Signature:

Date:

Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

****PLEASE ATTACH A VOIDED CURRENT CHECK****



CONTINUING BANK AUTHORIZATION

Date:

I _____ hereby authorize MY BANK _____ to provide the following information in writing or over the phone to Duke City Distributing, Co., Inc a New Mexico Corporation at DUKE CITY DISTRIBUTING CO., INC.'s discretion for the purpose of securing credit or confirming adequate funds for the payment of Fuel. Average Monthly Balances and/or Current Balances for the following accounts:

Checking account #:

Checking account #:

Savings Account #:

Savings Account #:

This Authorization is a continuing authorization and shall remain in force perpetually and may not be terminated without the express written approval of DUKE CITY DISTRIBUTING, CO., INC.

Credit Applicant and Signer on Bank Account Signature:

BILLING PREFERENCES

Option 1: (Select one)

- 10 Day Terms
- Invoices Twice a Week
- Monthly Statement

Option 2:

- 15 Day Terms
- No invoices
- Statements sent on the 1st and 15th

Method of Receiving Invoices & Statements: Mail Fax E-mail

E-mail Address:

Fax:

(Please provide us with your email address as we will send site downtime updates and to alert your company of any potential issues.)

OFFICE USE ONLY

Salesperson:

Approved by:

Date:

Amount of Credit: \$

ACCOUNT SET-UP

Account Type: Card Lock Fleetwide Wholesale

Fuel Types: UNL USLD Dyed-USLD Bio USLD

Mark-up: