



**Chapp & Bushey Oil Co Inc**

37333 South Huron Road  
 New Boston, MI 48164  
 Main # (734) 941-1610  
 Fax # (734) 753-3301  
 www.ChappOil.com

Master Account Number	Sales Representative
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DATE RECEIVED:  
 PROCESSED BY:

**BUSINESS CREDIT APPLICATION**

Thank you for your interest in Chapp & Bushey. To help us establish credit terms, please execute this application in it's entirety.  
 If credit terms requested are in excess of \$20,000 please send the latest financial statements and a bank reference.  
 Product on credit terms will not be delivered until the credit review process is complete, which usually takes 3-4 business days.

**BUSINESS NAME / ADDRESS / CONTACT INFO:**

FULL LEGAL NAME OF BUSINESS		NAME & EMAIL ADDRESS OF ACCTS PAYABLE			
BILLING ADDRESS			CITY	STATE	ZIP
SHIP TO ADDRESS (SEE ATTACHED IF MULTIPLE SITES)			CITY	STATE	ZIP
CONTACT NAME	PHONE	FAX	EMAIL	BUSINESS WEBSITE	

**LEGAL STRUCTURE:**

<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Division <input type="checkbox"/> Subsidiary	NAME OF PARENT COMPANY		PHONE	
		ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> Proprietorship	STATE INCORP	OFFICER / OWNER #1	TITLE:	OFFICER / OWNER #2	TITLE:
				OFFICER / OWNER #3	TITLE:
	OWNER'S NAME		SOC. SEC. NUMBER		HOME PHONE NUMBER
	OWNER'S HOME ADDRESS		CITY	STATE	ZIP

TYPE OF BUSINESS			YEARS IN BUSINESS		
FEDERAL TAX ID NUMBER	DUNS NUMBER	SIC CODE	PRESIDENT		
NAME OF BANK		NAME OF BANK CONTACT		BANK ACCOUNT NUMBER	
BANK PHONE NUMBER	BANK MAILING ADDRESS		CITY	STATE	ZIP

**TRADE REFERENCES: (complete with credit terms of equal or greater value than requesting from Chapp & Bushey)**

COMPANY NAME	ADDRESS	PHONE NUMBER	FAX #

**PREVIOUS SUPPLIERS:**

NAME	CREDIT LIMIT	REASON FOR LEAVING
NAME	CREDIT LIMIT	REASON FOR LEAVING

**CREDIT REQUEST:**

The EFT program saves time and money, please fill out the EFT form and draft notifications will be sent by fax or e-mail.

HOW DO YOU WANT YOUR INVOICES SENT?	<input type="checkbox"/> FAX #	<input type="checkbox"/> EMAIL
CREDIT LIMIT REQUESTED	BILLING CONTACT NAME / TITLE	PHONE NUMBER
		FAX NUMBER

