



Lion Oil Company

P. O. Box 23028
Jackson, MS 39225-3028

Credit Application

601-933-3227 Phone
601-933-3362 Fax

COMPANY INFORMATION

Legal Name:
Trade/DBA:
Parent Company:

ADDRESS	CITY	ST	ZIP	NUMBER OF YEARS AT LOCATION
Physical:				
Billing:				
Previous:				

Phone #:	Est. Annual Sales: \$	Web Site:
Fax #:	Requested Credit: \$	D-U-N-S No:
Date Business Established:	Fiscal Year-End:	Number of Employees:
Products/Services you wish to purchase:		
Estimated ship date:	Lion Oil Salesperson:	
Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		
Type: <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Other:		
Has the company or any of its owners ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		

TAX INFORMATION

Exempt from Federal Excise Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	Federal Tax ID #:
Exempt from State Sales Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list states:	
Bonded Distributor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list states:	

OWNERS/OFFICERS

	Name/Title	Home Address	Phone Number	% Owned
1.			Home: Work: Fax:	
2.			Home: Work: Fax:	
3.			Home: Work: Fax:	

PERSON TO CONTACT FOR FURTHER INFORMATION

	Name	Title	Phone #	Fax #	E-mail Address
1.					
2.					

REFERENCES – BANK

	Bank Name	City/State	Account #	Phone #	Fax #	Type
1.						<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
2.						<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan

REFERENCES – TRADE (List a minimum of three major suppliers of products and/or services)

	Company Name	City/State	Contact Name	Phone #	Fax #
1.					
2.					
3.					
4.					

Applicant's signature certifies that the above information is correct. As part of this application for credit, applicant grants continuing permission to contact consumer credit reporting agencies, commercial credit reporting agencies, and any or all of the bank and trade references listed above together with other references which may be provided by these bank and trade references.

Printed Name of Applicant:	Title:	Date:
Signature of Applicant:	E-mail Address:	

Printed Name of Co-Applicant/Guarantor:	Title:	Date:
Signature of Co-Applicant/Guarantor:	E-mail Address:	

**** BE SURE TO ATTACH YOUR CURRENT FINANCIAL STATEMENT – AUDITED OR SIGNED ****