



3883 Rogers Bridge Rd, #205A, Duluth, GA 30097  
(888) 497 - 4440

## CREDIT APPLICATION

### COMPANY INFO

Legal Company Name: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Year Business Established: \_\_\_\_\_  
 Financial Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 D&B Number: \_\_\_\_\_ D&B Rating: \_\_\_\_\_  
 Name of Owner(s) &/or Principal Officers \_\_\_\_\_ Title \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### BANK INFORMATION:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Account #: \_\_\_\_\_

Release: I \_\_\_\_\_ authorize \_\_\_\_\_  
 to release credit information regarding my account to EZ Fuel & Tank Solutions. I understand that  
 EZ Fuel & Tank Solutions will keep this information in strict confidence.

### INDUSTRY REFERENCES:

Supplier Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Account #: \_\_\_\_\_ Comments: \_\_\_\_\_

Supplier Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Account #: \_\_\_\_\_ Comments: \_\_\_\_\_

I hereby certify that the information provided above and attached hereto is correct to the best of my  
 knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please FAX this form to: EZ Fuel Credit Department at (770) 232-9270.  
**Thank you!**