

**HAMPEL OIL - CREDIT APPLICATION - FOR INDIVIDUALS**  
(In order to be considered for credit, please fill out all pertinent information and sign)

2pages

**Corporate Office 1245 N West St., WICHITA, KS 67203**  
**Corporate 844-303-0201 FAX 316-219-3396**

Date \_\_\_\_\_

Name \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ List County for the ship-to location \_\_\_\_\_

Fax# \_\_\_\_\_

How did you hear about Hampel Oil? \_\_\_\_\_

Owner ship:  Corporation  S-Corp Date Started \_\_\_\_\_  
(check one)  Partnership Date Inc. \_\_\_\_\_  
 Proprietor ship Federal ID # \_\_\_\_\_  
 L.L.C. State of Incorporation \_\_\_\_\_

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Tele \_\_\_\_\_ Fax \_\_\_\_\_

Checking Acct # \_\_\_\_\_ Savings Acct # \_\_\_\_\_

Present fuel supplier? \_\_\_\_\_ Phone: \_\_\_\_\_

Present lubricant supplier: \_\_\_\_\_ Phone: \_\_\_\_\_

**Trade References**

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

Tele # \_\_\_\_\_ Tele # \_\_\_\_\_ Tele # \_\_\_\_\_

Fax # \_\_\_\_\_ Fax # \_\_\_\_\_ Fax # \_\_\_\_\_

Estimated monthly purchases \$ \_\_\_\_\_ **determines credit line** Dun & Bradstreet # \_\_\_\_\_

Products to Purchase \_\_\_\_\_

P. O. # required on billing Yes \_\_\_\_\_ No \_\_\_\_\_

Receive monthly statement Yes \_\_\_\_\_ No \_\_\_\_\_

A/P Fax # \_\_\_\_\_ A/P Contact # \_\_\_\_\_ A/P Contact Name \_\_\_\_\_

Invoices and statements will be faxed to your number listed above.

E-Mail Address to receive invoices/statements: \_\_\_\_\_

Has Company/ Proprietor / Partner declared bankrupt within the last 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the Company / Proprietor / Partner a defendant in litigation involving non-payment of debt? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any outstanding liens or judgments against the Company / Proprietor / Partner? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the above, please explain \_\_\_\_\_

<b>Tax Information:</b>		<b>Sales Tax will be added to purchases if we do not have exemption certificates.</b>	
Fuel tax exempt	Yes _____	No _____	(please complete applicable certificates)
Sales tax exempt	Yes _____	No _____	(if yes please provide exemption certificates or tax will be assessed)
Please list current sales tax rate	_____	County	_____
Tank information: AST permit# _____ UST permit# _____			

I authorize Hampel Oil Distributors, Inc. to contact the above listed banks, all references listed, and any other source Hampel Oil Distributors Inc. deems necessary to verify the statements made herein.

In the event the application for credit is accepted and approved, the applicant agrees to the following terms and conditions:

- A) Any amount not paid when due will accrue service charges at the rate of 18% per annum.
- B) Applicant agrees to pay reasonable attorney's fees, all costs of court, and any other expenses incurred by Hampel Oil Distributors, Inc. in the collection of any invoice amount.
- C) Applicant agrees that the laws of the State of Kansas shall govern all rights and obligations under this agreement.
- D) All payments agreed to under this agreement shall be paid to Hampel Oil Distributors, Inc., at its office located in Wichita, Sedgwick County, Kansas, and the venue of any action hereunder shall be maintained in Wichita, Sedgwick County, Kansas.

The application for credit has been completed for the purpose of securing credit from Hampel Oil Distributors, Inc., and I acknowledge the truthfulness and accuracy of the information provided and agree to send Hampel Oil Distributors, Inc., written notice of any changes in ownership form of applicant's business within five days of such changes. Further, I have read the application for credit and agree that the applicant is bound by its terms and conditions, and I state that I am authorized to bind the applicant to this agreement.

Date \_\_\_\_\_ Company Name \_\_\_\_\_

**SIGNATURE:** President/Vice President/Partner/Proprietor \_\_\_\_\_

**SIGNATURE:** President/Vice President/Partner/Proprietor \_\_\_\_\_

The undersigned individual who is either a principal or a sole proprietor of the applicant, may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of consumer credit report on the undersigned by the above business credit grantor, from time to time as may be needed, in the credit evaluation process.

**SIGNATURE** \_\_\_\_\_ Social Security # \_\_\_\_\_ -D.O.B \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ Social Security # \_\_\_\_\_ -D.O.B \_\_\_\_\_

The undersigned Guarantor(s), in order to induce Hampel Oil Distributors, Inc., (HODI) to extend credit to applicant herein, does hereby unconditionally personally guarantee all sums, which may be owed by applicant to HODI, whether said indebtedness is due now, or hereafter incurred. This Guaranty is continuing, and shall continue to apply to all indebtedness, which applicant may hereafter incur, renew, or extend in whole or in part with HODI all without notice to the undersigned Guarantor(s). HODI may modify the indebtedness, accept or release collateral, or release the applicant, without releasing the undersigned Guarantor(s), any or all of which actions may be taken without notice to Guarantor(s). If this Guaranty is executed by more than one Guarantor, one or more Guarantors may be released, and such releases shall not be release the other Guarantor(s), and such release may be done without notice to the other Guarantor(s). The undersigned Guarantor(s) waives notice of execution of this Guaranty. Performance of this Guaranty shall be at Wichita, Sedgwick County, Kansas. Guarantor(s) grants permission to HODI to obtain personal credit information from personal references furnished and/or from credit bureau reports, as may be deemed advisable.

Date \_\_\_\_\_

**Guarantor's Signature** \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security # \_\_\_\_\_

**Guarantor's Signature** \_\_\_\_\_

Print Name \_\_\_\_\_

Internal use:

Social Security # \_\_\_\_\_

Line of Credit Approved/Denied  
\$ \_\_\_\_\_

TM#:

TM Name:

Who sent application: (From Website Form)

Contact Credit Dept [credit@hampeloil.com](mailto:credit@hampeloil.com)