



Thank you for choosing Admiral Oil for all your fuel and lubricant needs.
Please complete the credit application entirely and fax or email it back. Once completed,
contact us to schedule your fuel delivery.
We look forward to doing business with you in the very near future.

Sincerely,

ADMIRAL OIL, INC.
2903 Salzedo Street
Coral Gables, FL 33134
Tel: 305-371-FUEL (3835)
Fax: 305-856-FUEL (3835)
kathleen@admiraloil.com

ADMIRAL OIL, INC. CREDIT APPLICATION – BUSINESS ACCOUNT FOR EQUIPMENT

BUSINESS CONTACT INFORMATION

Business name:			
Billing address:			Suite #:
City:	State:	ZIP Code:	
Contact Name:	Position:	Tel:	
Fax:	Cel:	Other:	
Billing email:		<input type="checkbox"/> Tax Exempt (include FL Annual Resale Certificate)	

EQUIPMENT INFORMATION

Delivery address:			
Location description:			Slip No.:
Engineer name:		Tel:	Cel:
Number of tanks:		Fuel capacity:	
Check all that apply	<input type="checkbox"/> Tank Capacity:	<input type="checkbox"/> Generator Capacity:	<input type="checkbox"/> Equipment Description:
			<input type="checkbox"/> Fire Pump Capacity:
Check all that apply	<input type="checkbox"/> Dyed Diesel	<input type="checkbox"/> On Road Diesel	<input type="checkbox"/> Gasoline (87 octane)
			<input type="checkbox"/> Gasoline (90 ethanol Free)
			<input type="checkbox"/> Premium Gas (93 octane)

Special Instructions:

PAYMENT INFORMATION

Form of Payment:	<input type="checkbox"/> Auto Account Debit	<input type="checkbox"/> Check by Phone	<input type="checkbox"/> Credit Card*Call for price quote
Financial Institution:		Bank ABA #:	
Acct. #:		<input type="checkbox"/> SEND COPY OF CANCELED CHECK	
Credit card #:	Exp.	Cvv Code:	Type:

Credit card billing address incl. zip code: (if different than above)

A CREDIT CARD NUMBER MUST BE GIVEN ON THE ACCOUNT. Payments are DUE UPON RECEIPT. Invoices over 30 days will be automatically charged to credit card & may be subject to higher fuel price. X _____ (initial)

Check all that apply:	<input type="checkbox"/> Mail Invoices	<input type="checkbox"/> Email Invoices	<input type="checkbox"/> Fax Invoices
-----------------------	--	---	---------------------------------------

REFERRAL INFORMATION

<input type="checkbox"/> Referral from:	<input type="checkbox"/> Saw truck in area	<input type="checkbox"/> Yellow Pages Phone Book	<input type="checkbox"/> Yellow Pages On Line	<input type="checkbox"/> Ad. Publication:
---	--	--	---	---

It is agreed that application jointly & severally agrees to pay for all materials, goods, services & supplies sold to applicant within the established credit terms. The undersigned agrees to pay 1.5% per month interest charge toward unpaid balance when past due. The undersigned agrees to pay fees & collection costs in attempts to collect past due debts.

SIGNATURES

Print Name: _____	Date: _____	Signature _____
Title: _____		



2903 Salzedo Street • Coral Gables, FL 33134 •
Tel: 305-371-FUEL(3835) • Fax: 305-856-FUEL(3835)
kathleen@admiraloil.com

Dear Valued Customers:

Please select one of the following options for payment:

PAY WITH CHECK BY FAX, PHONE OR E-MAIL

Issue your check to Admiral Oil, Inc. for the amount due then simply fax it to (305) 856-3835 or you may scan it and email a copy to kathleen@admiraloil.com. There's no need to mail it saving time, money and postage! **There is no additional fee for this service

CREDIT CARD AUTHORIZATION FORM

I authorize Admiral Oil to charge the following credit card for payment of fuel service upon delivery. **** PLEASE**

NOTE THE CREDIT PRICE IS APPROX. \$.07 MORE PER GALLON

Visa Master Card AmEx Discover Debit Card

Name as appears on card: _____

Card Number : _____

Exp. Date: _____ Security Code: _____

Address where credit card statement is mailed: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ **Date:** _____

Printed Name: _____

AUTOMATIC PAYMENT AUTHORIZATION FORM

I authorize Admiral Oil to debit the following bank account for the amount due for fuel service upon delivery.

**There is no additional fee for this service

Checking/Savings Account # _____

Bank Routing # _____ Bank Name: _____

I understand that it is my responsibility to ensure there are sufficient funds in the account to cover any debit and to ensure payments are made on time.

Signature: _____ **Date:** _____

Printed Name: _____

**** Please provide copy of voided check**

We truly appreciate your business and apologize for any inconvenience these changes may present. Please feel free to contact our office with any questions or comments.

Thank you.
Rev.5.27.10