



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](mailto:kathleen@admiraloil.com)

# ADMIRAL OIL, INC.

## CREDIT APPLICATION - PERSONAL ACCOUNT FOR VESSEL

### CONTACT INFORMATION

Owner's Name:		Spouse Name:	
Billing address:			Apt/Unit #:
City:	State:	ZIP Code:	
Home Tel:	Home Fax:	Cel:	
Spouse cel:	Work Tel:	Other:	
Employer:		Billing e-mail:	
Business Address:		City, ST & Zip:	

### VESSEL INFORMATION

Vessel name:	Make/Model	Length
Vessel location:		Slip No.:
Captain name:	Tel:	Cel:
Number of tanks:		Fuel capacity:
<input type="checkbox"/> Diesel (ultra low sulfur)	<input type="checkbox"/> Gasoline (recreational 90) Ethanol Free	<input type="checkbox"/> Premium Gasoline (93 octane)
Special Instructions:		

### PAYMENT INFORMATION

<b>ALL DELIVERIES ARE C.O.D.</b>	<input type="checkbox"/> Cash to driver	<input type="checkbox"/> EFT (Auto Checking Acct Debit )	<input type="checkbox"/> Credit Card **Call for quote
	<input type="checkbox"/> Check to driver	<input type="checkbox"/> Check by fax, phone or e-mail	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AmEx <input type="checkbox"/> Discover <input type="checkbox"/> Debit Card
Financial Institution:		Bank ABA #:	
Acct. #:	**ATTACH COPY OF VOIDED 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)**

GO GREEN! Consider the Environment & receive your invoice via e-mail!	<input type="checkbox"/> E-mail Invoices	<input type="checkbox"/> Fax Invoices	<input type="checkbox"/> Fax Mail
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### 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:
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**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:	Title:	Sign:
Date:		



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Tel: 305-371-FUEL(3835) • Fax: 305-856-FUEL(3835)  
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**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](mailto: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.  
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