

**CREDIT APPLICATION**  
DUGAS OIL COMPANY, INC.  
P.O. Box 265, Franklin, LA 70538

2100 W. Main St.  
Franklin, LA 70538  
(337) 828-1182  
Fax: (337) 828-1399

1924 Coteau Rd.  
Houma, LA 70364  
(985) 872-5228  
Fax: (985) 872-5653

605 N. Railroad Ave. Opelousas, LA  
70570  
(337) 942-2488  
Fax: (337) 942-7052

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
dba: \_\_\_\_\_

**CORPORATE INFO**

Main Office Contact \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Purchase Order Required \_\_\_ Yes \_\_\_ No  
Tax Exempt \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_  
(Exemption certificate required.)

**DELIVERY INFO**

Purchasing Contact \_\_\_\_\_  
Shipping Address \_\_\_\_\_  
Delivery Phone \_\_\_\_\_  
Underground Storage Tanks \_\_\_ Yes \_\_\_ No  
(if yes, please provide a copy of registration certificate)  
Parish \_\_\_\_\_

Amount of credit desired? \_\_\_\_\_ Are you interested in electronic payments? \_\_\_ Yes \_\_\_ No  
Are you applying for credit to charge gas at our stores? \_\_\_ Yes \_\_\_ No

**PLEASE TELL US ABOUT YOUR COMPANY**

Date Established \_\_\_\_\_ Publicity Traded Company? \_\_\_ Yes \_\_\_ No  
Former Address \_\_\_\_\_  
Nature of Business \_\_\_\_\_  
Ownership: \_\_\_ sole owner \_\_\_ partnership \_\_\_ corporation \_\_\_ LLC Federal Tax ID \_\_\_\_\_

Owner(s) / Partners  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title \_\_\_\_\_ Title \_\_\_\_\_  
SS # \_\_\_\_\_ SS # \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Has the company or any of its owners ever filed bankruptcy? \_\_\_ Yes \_\_\_ No If yes, explain \_\_\_\_\_  
Is this full-time occupation of owner(s) \_\_\_ Yes \_\_\_ No If NO, list other business or employment \_\_\_\_\_

**REFERENCES**

Bank Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_

**Fuel/ Lubricant Supplier**

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_

**Trade References**

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_

I certify that all information on this form is correct and that I fully understand Dugas Oil Co.'s credit terms and agree to the proper payment consideration of extended credit. Should buyer fail to make payment under this contract, buyer agrees to pay the expenses of collection, including reasonable attorney's fees if such services are required. By signing this application, I authorize Dugas Oil Co. Inc. or its agencies to investigate my business and personal credit, financial records and employment records. As part of such investigation, I authorize Dugas Oil Co. Inc. to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extensions of this and other accounts with Dugas Oil Co. Inc. I further authorize Dugas Oil Co. Inc. to share the information received from my consumer credit report with Dugas Oil Co. Inc.'s subsidiaries and affiliates. If I request, you will tell me whether my consumer credit report was requested and if so the name and address of the consumer credit agency that furnished the report.

Printed Name \_\_\_\_\_ Social Security \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**Personal Guarantee**

In consideration of Dugas Oil Co. Inc. extending credit to the applicant hereof, the undersigned hereby acknowledges that I have personally guaranteed the debts and obligations of this business and agree that I am personally obligated to perform all of the terms of and make all payments to Dugas Oil. Inc. required by the agreement of which this applicant is a part. Should either applicant, or the undersigned, fail to make payments required, the undersigned also agrees to pay the expenses of collection, including reasonable attorney's fees, if services of an attorney are required to effect collection.

Printed Name \_\_\_\_\_ Social Security \_\_\_\_\_

Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR DUGAS OIL USE ONLY  
SALES**

Type of Customer

Consignment (C) Retail Dealer – Non Consignment (NC) Distributor (D) Farmer (F) Fisherman / Marina (M)

Industrial / Oilfield (I) Government Agency (G) Station Charge – where \_\_\_\_\_

Other \_\_\_\_\_

ETF Authorization Provided? \_\_\_ Yes \_\_\_ No

Type of Products to be purchased? \_\_\_ gas \_\_\_ diesel \_\_\_ lubes

Size of tanks? \_\_\_\_\_

Expected Monthly Purchases \$ \_\_\_\_\_ gallons

Equipment Loan Agreement required? \_\_\_ Yes \_\_\_ No

Pricing: \_\_\_\_\_

How did we meet this potential customer?

\_\_\_ New business in Town

\_\_\_ Temporarily working in area Where/For Who? \_\_\_\_\_

\_\_\_ Sales efforts by \_\_\_\_\_

\_\_\_ "Price Shopper"

\_\_\_ Referred by: \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

Date \_\_\_\_\_ Submitted by: \_\_\_\_\_

**ACCOUNTING**

Account # \_\_\_\_\_

Price Exception setup by: \_\_\_\_\_ Tax Exception setup by: \_\_\_\_\_

Date \_\_\_\_\_ AR signature \_\_\_\_\_

**MANAGEMENT APPROVAL**

Line of Credit: \$ \_\_\_\_\_ Terms: \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

**COMMENTS**

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