



611 W. Roosevelt Avenue  
 P.O. Box 1548  
 Albany, Georgia 31702-1548  
 Ph: (229) 436-0131 Fax: (229) 436-0172  
 info@bradlanieroil.com

### CREDIT APPLICATION (BOBTAIL)

#### COMPANY INFORMATION

Legal Business Name: \_\_\_\_\_

DBA name (if different): \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

In Business Since (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated Monthly Credit Amount: \_\_\_\_\_

Ownership Structure (check one):

CORPORATION

PARTNERSHIP

PROPRIETORSHIP

#### Tank Sizes:

1.) \_\_\_\_\_ (Above/Below). Fuel Type: \_\_\_\_\_

2.) \_\_\_\_\_ (Above/Below). Fuel Type: \_\_\_\_\_

3.) \_\_\_\_\_ (Above/Below). Fuel Type: \_\_\_\_\_

#### NAMES OF OWNERS, PRINCIPALS, OR OFFICERS

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

**ACCOUNTS PAYABLE/ CREDIT INFORMATION**

A/P Contact Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Preferred Method of Communication:

-Invoices (circle one or more):            Email    Mail    Fax

-Statements (circle one or more):        Email    Mail    Fax

Banking Institution: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**TRADE REFERENCES**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**CREDIT SALES AGREEMENT**

**Credit terms are 20 days from the date of the invoice. Outstanding balances will accrue an interest rate of 1.5% per month or 18% per annum.**

I, the undersigned hereby fully acknowledge that the information entered above is correct. This information is being furnished with the understanding that it is being used to determine the amount of credit extended. Furthermore, the undersigned authorizes the references listed above to release information to Brad Lanier Oil Co., Inc. /Homerun Foods.

Business Name: \_\_\_\_\_ Company Representative (please print): \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**GUARANTEE AGREEMENT**

In consideration of the extension of credit to the business entity on this application under its terms of the sale shown above in the Credit/Sales agreement I, the undersigned, hereby fully guarantee and hold myself personally responsible for payment at maturity of all account balances, including interest thereon. I hereby waive Notice of Acceptance hereof, amounts of sale, dates of all sales, notice of default of payment and legal proceedings against the business entity.

This is intended to be, and shall be, construed to be a continuing guarantee applying to all sales made to, and shall not be revoked by the undersigned (including without limitation, any undersigned who shall become deceased, incompetent or dissolved) but shall remain in force until I, or my executors or administrators shall have given notice, in writing, to make no further advances of the security of this Guarantee. Such notice should be mailed to Brad Lanier Oil Co., Inc., Attn: Credit Department at P.O. Box 1548 Albany, Ga 31702 by certified mail, return receipt requested.

It is understood that there is no limit to my liability under this Guarantee.

If it becomes necessary to place this Guarantee with an attorney or a collection agency for collection, suit, or other legal action, I hereby agree to pay all costs of collection including, but not limited to, a reasonable attorney's fee. This guarantee shall be binding upon the undersigned and upon the heirs, legal representatives, successors and assigns to the undersigned. If more than one party shall execute this guarantee, the term "undersigned" shall mean all parties executing this guarantee.

This Guarantee contains the entire agreement between the parties and may not be modified or amended except in writing and signed by both parties hereto. The singular herein shall include the plural, and the masculine shall include the feminine and neutral gender, as the context requires.

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Printed Name

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Signature

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Date

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[www.bradlanieroil.com](http://www.bradlanieroil.com)