



BUSINESS INFORMATION

This will give authorization to release any information necessary toward processing of an account application with California Fuel Supply, Inc. This information will be kept strictly confidential.

[X] Signature _____

Legal Name of Company	Date of Application	Telephone#	Fax#	E-Mail
Main Business Activity	Years in Business	SIC Code		
Company's Current Address	City	State	Zip	How Long At This Address?
Billing Address, if Different	City	State	Zip	Telephone#
Have you ever filed for Corporate Bankruptcy?		If so, when and what Chapter?		
Check one of the following:				
_____ Proprietorship	_____ Partnership	_____ LLC	_____ Corporation	_____ Non Profit
Federal ID# _____				

BUSINESS BANK INFORMATION

Primary Bank	Address	City	State	Zip
Bank Contact Person/Phone#	Fax#	Account Type & Number:		
Secondary Bank	Address	City	State	Zip
Bank Contact Person/Phone#	Fax#	Account Type & Number:		

CREDIT REFERENCES

Business Name	Address	City	State	Phone#	Fax#
Business Name	Address	City	State	Phone#	Fax#
Business Name	Address	City	State	Phone#	Fax#

PRINCIPALS OF THE COMPANY

Name _____ Position _____ SS# _____
Home Address _____ City/St. _____ Zip Code _____
Home Phone _____ Drivers Lic. # _____ Date of Birth _____
Previous Address _____
Personal Net Worth _____ Have you ever filed for Personal Bankruptcy _____
If So, When and What Chapter? _____

I certify that I am the person named above and that the foregoing is true and correct. As a principal of _____, I authorize and request The Companies to consider my personal credit in conjunction with this application for my company's account. **[x]** _____
Signature

Name _____ Position _____ SS# _____
Home Address _____ City/St. _____ Zip Code _____
Home Phone _____ Drivers Lic. # _____ Date of Birth _____
Previous Address _____
Personal Net Worth _____ Have you ever filed for Personal Bankruptcy _____
If So, When and What Chapter? _____

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