

**EAGLE LUBE EQUIPMENT, INC.**

20 Crigler Street  
Greenville, SC 29607  
(800) 708-7685  
(864) 250-9131  
Fax: (864) 271-1683

**CREDIT APPLICATION**

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
Sole Proprietorship \_\_\_\_\_ Individual \_\_\_\_\_

NAME: \_\_\_\_\_  
NAME OF REGISTERED AGENT: \_\_\_\_\_  
REGISTERED AGENT'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PARTNERS: \_\_\_\_\_  
BUSINESS LOCATION: \_\_\_\_\_ CITY: \_\_\_\_\_  
COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
BUSINESS TELEPHONE NUMBER: ( ) \_\_\_\_\_ BUSINESS FAX NUMBER: ( ) \_\_\_\_\_

**OFFICERS OF THE CORPORATION**

PRESIDENT: \_\_\_\_\_ VICE PRESIDENT: \_\_\_\_\_  
SECRETARY: \_\_\_\_\_ TREASURER: \_\_\_\_\_  
MAIL STATEMENT TO: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ ATTENTION: \_\_\_\_\_

**BANK ACCOUNTS**

(1) BANK NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_  
(2) BANK NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

**CREDIT REFERENCES**

(1) NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_  
(2) NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_  
(3) NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

CERTIFICATE OF RESALE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
FEDERAL TAXPAYER IDENTIFICATION NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
ADDITIONAL INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS CREDIT APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I/WE AUTHORIZE A REPRESENTATIVE OF ISGETT DISTRIBUTORS TO CONTACT THE BANKS LISTED ABOVE AND THE ENTITIES LISTED AS CREDIT REFERENCES TO VERIFY THE CORRECTNESS OF THIS APPLICATION. I/WE FURTHER AGREE TO PROVIDE ISGETT DISTRIBUTORS WITH ALL CHANGES TO THE INFORMATION PROVIDED IN THIS CREDIT APPLICATION. I/WE FURTHER AGREE TO PAY 1 1/2 % INTEREST PER MONTH ON ANY OUTSTANDING BALANCES DUE TO ISGETT DISTRIBUTORS AND TO PAY AN ATTORNEY'S FEE OF 15% OF THE OUTSTANDING BALANCE OWED TO ISGETT DISTRIBUTORS ON THIS ACCOUNT IF LEGAL ACTION OF ANY KIND SHOULD BE REQUIRED TO COLLECT ANY AMOUNT DUE ON THIS ACCOUNT.

\_\_\_\_\_  
SIGNATURE TITLE DATE