

Cross Petroleum Service P.O. Box 1388 56 Highway 16 Glendive, MT 59330

O 406.377.8325 F 406.377.6315

Credit Application

Company Name:	Contact Person:				
Billing Address:	City:	State:	Zip:		
Shipping Address:	City:	State:	Zip:		
Office Phone Number:	Office Fax	: Number:			
Email Address:					
Type of Business:					
In Business					
Social Security Number:/_					
Federal Tax ID Number:					
Form of Business					
Corporation					
☐ LLC					
Partnership					
☐ Sole Proprietor					
Is a purchase order required?					
∐ Yes					
□ No					
Name of person with authorization:					
If it is to be a blanket post office box numb			_		
·	•	a tiro oxpiration dator			
Number:					
Expiration:					
To whose attention should invoices be sen	t?				
Is Your Work Taxable?					
Yes					
☐ No					
If not, please provide us with a signed cert	ificate and list your tax exer	npt or reseller's number			

Trade References (Do not list credit cards)					
Name:					
Address:	City:	State:	Zip:		
Phone Number:					
Name:					
Address:	City:	State:	Zip:		
Phone Number:	<u></u>				
Name:					
Address:	City:	State:	Zip:		
Phone Number:					
Enroll in Electronic Funds Transfer					
Enroll in Credit Card Payments program					
Bank References					
Bank Name:					
Address:	City:	State:	Zip:		
Contact: Phone Number:					
Email Address:					
1. The undersigned applicant does hereby certified	fy the information above	e is true and correct.			
2. The undersigned applicant does hereby agree to allow Cross Petroleum to check credit references.					
3. It is agreed and understood that all purchases following the date of purchases.	s made will be paid in fu	ull no later than the 10th o	f each month		
4. Our terms are net 30 days. Accounts not paid future orders will be C.O.D. basis until accoun collect past due fees and finance charges, fee	nt is current. Should coll	ection or legal action be r			
Name:		Date:			
Signature:	Title:				