



CREDIT APPLICATION

Send to: creditapps@andretti1.com or 2520 Foothill Blvd, Grants Pass, OR 97526



Are you currently a Gas Station Owner? Where is/are Station(s) located? Does the site have natural gas or ability to connect to natural gas?

Company Name: Phone Number: Fax Number: Mailing Address: City/State/Zip: Physical Address: City/State/Zip: Home/Mail Office Address: City/State/Zip: Phone Number:

PLEASE CHECK APPLICABLE BOX AND PROVIDE REQUESTED INFORMATION

- Single Entity Not a Subsidiary Partnership (list name/residence and SSN# of each partner below) Subsidiary of Parent Company Corporation - Chartered in State of: Other: Type of Business:

FEDERAL TAX ID#

Name, Address and Phone of Parent/Regional Company Office:

Have you ever filed bankruptcy? Spouse also, if an officer: Case No.: If yes, advise: Date County State

Under what other company names have you operated? Date business began, or if currently a partnership or corporation, date formed or incorporated:

TAX EXEMPT: YES NO IF YES, ATTACH CERTIFICATE(S)

If in business less than two years, please give name, address and length of time or employment for the last five years:

Partners/Corporate Officers/Principals: (names and titles) SSN#: Address/City/State/Zip: Phone Number: Applicant Owner/Officer: Title: Spouse's Name: Residence Address: City/State/Zip: Own Buying Renting Driver's License #/ State of Issue: SSN#: Date of Birth: Residence Phone Number: Name of Nearest Relative not living with you: Relationship: Phone Number:

BANKING REFERENCES - Attach Additional Sheet if Necessary

Bank Name and Branch: Address/City/State/Zip: Phone Number: Bank Contact: (names of loan officer & title) Checking Acct. #: Loan Acct. #: Bank Contact: (names of loan officer & title) Checking Acct. #: Loan Acct. #:

BUSINESS/TRADE REFERENCES, INCLUDING PETROLEUM SUPPLIER(S) - Attach Additional Sheet if Necessary

Name: Address/City/State/Zip: Phone Number: Acct. #: Contact: (name and title) Additional Information: Name: Address/City/State/Zip: Phone Number: Acct. #: Contact: (name and title) Additional Information: Estimated Monthly Sales Gallons: \$ Amount: Accounts Payable Contact: Phone Number: Person(s) to contact regarding questions? Phone Number: Cell Number:

I authorize this organization to request a consumer and business credit report for purposes of determining my current and continued credit worthiness. The permissible purpose(s) for which the report is being obtained certifies the report will not be used for any other purpose and will remain confidential. I understand that this organization will be requesting a consumer credit and business report in conjunction with this commercial business application. I release all such persons from any liability or damages that may be incurred as a result of such an inquiry or the furnishing of such information. I certify that the information on this application is true and complete. Additionally, I agree to all of the terms as outlined on page two of this application.

Printed Name: Title: Signature: Title: