



LINDER OIL COMPANY, INC.

820 Industrial Parkway, Ossian, Indiana 46777
260-622-4680, FAX 260-622-4689

CREDIT APPLICATION

Business Name: _____			
Physical Address: _____		Telephone: _____	
City: _____	State: _____	Zip: _____	Fax: _____
Bill to Address (if different) _____			
City: _____	State: _____	Zip: _____	Fax: _____

Bank Name: _____	Bank Address _____
Bank Phone Number: _____	Amount of Credit being Requested \$ _____
Contact Person: _____	Terms Desired: Net 15 _____ Net 30 _____
D&B Number: _____	Type of Business _____

List three trade references:

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone/Fax: _____	Phone/Fax: _____
Contact: _____	Contact: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone/Fax: _____
Contact: _____

Office Use Only	
Acc Pay Rep: _____	
Signature of Officer: _____	
Date: _____	