



Phn: (610) 586-6700 Toll Free: (888) 39 FUELS Fax: (610) 586-1035

Mailing Address:
P.O. Box 16846 Philadelphia, Pennsylvania 19142

Physical Address:
685 Elmwood Avenue Sharon Hill, Pennsylvania 19079

DOMESTIC & COMMERCIAL FUEL OIL - DIESEL FUEL - KEROSENE - GASOLINE
INSTALLATION AND SERVICE OF
HEATING - VENTILATING - AIR CONDITIONING - REFRIGERATION - PLUMBING

CREDIT APPLICATION FOR COMPANY OR CORPORATE ACCOUNT

Business Name: _____ EIN #: _____

Incorporated: _____ Partnership: _____ LLC: _____ LLP: _____ Proprietorship: _____ Government: _____

Date Established or Incorporated: _____ State of Incorporation: _____

Street Address: (1) _____ (2) _____

City: _____ State: _____ Zip: _____

Contact: _____ Title or Position: _____

Phone: _____ Fax: _____ E-Mail: _____

Delivery Name: _____

Address: (1) _____ (2) _____

City: _____ State: _____ Zip: _____

Contact at Location: _____ Phone: _____

Previous Supplier: _____ Approx. Annual Usage: _____

OFFICERS, PARTNERS OR OWNERS

(SOLE PROPRIETORS AND PARTNERSHIPS MUST SUPPLY DATE OF BIRTH AND SOCIAL SECURITY NUMBERS)

Name: _____ Title: _____ DOB: _____ SS#: _____

Home Address: _____

Name: _____ Title: _____ DOB: _____ SS#: _____

Home Address: _____

Name: _____ Title: _____ DOB: _____ SS#: _____

Home Address: _____

Name: _____ Title: _____ DOB: _____ SS#: _____

Home Address: _____

BANK/TRADE REFERENCES

Bank: _____ Phone: _____ Account #: _____
 Savings: _____ Checking: _____ Loan: _____
 Branch: _____ Address: _____
 Trade: _____ Phone: _____ Account #: _____
 Address: _____
 Trade: _____ Phone: _____ Account #: _____
 Address: _____
 Trade: _____ Phone: _____ Account #: _____
 Address: _____

We herein make application to Royal Petroleum Corporation for credit and/or to update and reconfirm our existing account balance with Royal Petroleum Corporation. Royal Petroleum Corporation is authorized to contact any references or banks listed above and pull credit reports. If credit is granted, I (we) agree to pay for all goods purchased within 30 days from date of delivery and/or service. In the event payment is not made and this account is referred for collection, I (we) agree to pay cost of collection equal to a minimum amount of twenty-five percent of the principal amount. If suit or action by an attorney is instituted, I (we) promise to pay reasonable attorney fees in said suit or action. Venue shall be in the state and county of Royal Petroleum Corporation's choice. Applicant(s) specifically understands that they are waiving their right in choice of venue. Applicant(s) agrees to pay interest and service charges at the highest rate permitted by law. Applicant(s) give their permission to Royal Petroleum Corporation and/or its agents to verify and/or supplement the information listed hereon. I (we) understand that by providing the information above and signing this form, I (we) am consenting to receive communications sent via facsimile and e-mail by, or on behalf of, Royal Petroleum Corporation.

Principal Owner/Officer/Partner (please print): _____
 Signature: _____ Title: _____ Date: _____

INDIVIDUAL PERSONAL GUARANTEE

I, _____ SS# _____, residing at _____
 _____, for and in consideration of your extending credit at my request to _____
 _____ (hereinafter referred to as the "Company"), of
 which I am _____, hereby personally guarantee to you the payment at
 _____, in the State of _____ of any
 obligation of the Company or its successor and I hereby agree to bind myself to pay you on demand any
 sum, which may become due to you by the Company whenever the Company shall fail to pay the same.
 It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such
 indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and
 consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature _____ Witness _____
 Address _____

DELIVERY INFORMATION (for internal use only)

Acquisition Date: _____

Account #: _____ Salesperson: _____

Product(s): _____ Delivery Type: A D WC H/O H/W Separate HWH

Tank No.: _____ Product: _____ Tank Size: _____ Vent Alarm: _____

Fill Location: _____

Delivery Instructions: _____

Amount of Oil in Tank: _____ K Factor of Last DD: _____ Last DD: _____

Other Remarks: _____

Tank No.: _____ Product: _____ Tank Size: _____ Vent Alarm: _____

Fill Location: _____

Delivery Instructions: _____

Amount of Oil in Tank: _____ K Factor of Last DD: _____ Last DD: _____

Other Remarks: _____

Tank No.: _____ Product: _____ Tank Size: _____ Vent Alarm: _____

Fill Location: _____

Delivery Instructions: _____

Amount of Oil in Tank: _____ K Factor of Last DD: _____ Last DD: _____

Other Remarks: _____

Sales Tax: _____ Other Taxes: _____ Tax County Code: _____