



ATKINSON DISTRIBUTING, INC.

701 Michigan Ave
P.O. Box 1110
Orofino, Idaho 83544-1110

(208) 476-5425
Fax (208) 476-0294
atkinson@atkinsondistributing.com

ACCOUNT APPLICATION

Please check which type of account you are applying for:

Business

Personal

If applying for a business account, are you tax exempt? _____

Contact Information					
Business Name:			Business EIN #:		
Applicant Name:			Co-Applicant/Spouse Name:		
Date of Birth:			Co-Applicant Date of Birth:		
Social Security #:			Co-Applicant Social Security #:		
Mailing Address:					
Physical Address:					
City:		State:		Zip Code:	
Phone #:			Co-Applicant Phone #:		
Alternate Phone #			Alternate Phone #:		
Name of nearest relative not residing with you:					
Address:			Phone #:		Relationship:
Employment Information					
Applicant Employer Name:			Length of Employment?		Monthly Income \$
Employer Phone #:			Employer Address:		
Co-Applicant Employer Name:			Length of Employment?		Monthly Income \$
Employer Phone #			Employer Address:		
Bank Reference					
Bank Name:			Branch:		
Address:			Phone #:		
Trade References					
If applying for a business account, please provide three (3) trade references.					
Vendor Name	Vendor Address	City	State	Zip	Phone #
1.					
2.					
3.					
Fueling Options					
Are you applying for an account for heating oil?	Yes / No	Would you like to be put on winter automatic keep full?	Yes / No		
If you would like fuel cards for our Cardlock locations, how many would you like?					

The above information is for the purpose of obtaining credit and is warranted to be true. If applying for a business account, the party signing below is an authorized financial representative of the company. The undersigned agrees to pay all charges in accordance with the "terms of sale" (net 25 days) and further agree that any past due balance is subject to a one and one-half percent (1.50%) "periodic" service charge on any unpaid portion. This finance charge amounts to an annual percentage rate of eighteen percent. In the event legal action is required due to delinquency on the account, it is agreed that the undersigned will pay all attorney's fees and court costs as a result thereof. Permission is hereby granted to release credit history to Atkinson Distributing, Inc. and to authorize Atkinson Distributing, Inc. to contact the above trade references for the purpose of obtaining a credit account.

Signature of applicant or business financial representative

Date

Signature of co-applicant/spouse

Date