



# 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 exempt from sales tax? \_\_\_\_\_

CONTACT INFORMATION (REQUIRED)					
Business Name:		Business EIN #:			
Applicant Name:		Co-Applicant/Spouse Name:			
Date of Birth:		Date of Birth:			
Social Security #:		Social Security #:			
Mailing Address:					
Physical Address (if different than mailing address):					
City:		State:		Zip Code:	
Phone #: Alternate Phone #		Co-Applicant Phone #: Alternate Phone #:			
Name of nearest relative (not residing with you):					
Relative Address:		Phone #:		Relationship:	
EMPLOYMENT INFORMATION (REQUIRED)					
Applicant Employer Name:		Co-Applicant Employer Name:			
Employer Address & Phone #:		Employer Address & Phone #:			
Length of Employment:		Length of Employment?:			
Monthly Income \$:		Monthly Income \$:			
BANK REFERENCES (REQUIRED)					
Bank Name/Branch:		Bank Name/Branch:			
Phone:		Phone #:			
TRADE REFERENCES (IF APPLYING FOR BUSINESS ACCOUNT)					
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 (PLEASE CIRCLE AND INDICATE NUMBER OF CARDS IF APPLICABLE)					
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 cards 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 15 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