



LEGENDARY  
RELIABILITY  
SINCE 1927

a division of Orbix Corporation

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## CONFIDENTIAL CREDIT APPLICATION

### COMPANY INFORMATION

Company Name _____	
Bill to Address _____	
City - State - Zip _____	
Ship to Address _____	
City - State - Zip _____	
Phone No. _____	Fax No. _____
Federal Tax I.D. No. _____	Email _____
No. of Years in Business _____	Credit Amt. Requested _____
Owner and/or Officers _____	
_____	

### TRADE REFERENCES: LIST 4 MAJOR U.S. REFERENCES

Name _____	Name _____
Address _____	Address _____
City - State - Zip _____	City - State - Zip _____
Email _____	Email _____
Fax No. _____	Fax No. _____
Name _____	Name _____
Address _____	Address _____
City - State - Zip _____	City - State - Zip _____
Email _____	Email _____
Fax No. _____	Fax No. _____

### BANK REFERENCES

Name _____	Name _____
Address _____	Address _____
City - State - Zip _____	City - State - Zip _____
Account No. _____	Account No. _____
Email _____	Email _____
Fax No. _____	Fax No. _____

I authorize the release of account information to PETOL for the purpose of establishing open credit terms.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Email completed credit application to [landerson@petol.com](mailto:landerson@petol.com)