

WINDECKER INC.
ATTENTION:COMMERCIAL CREDIT
P. O. BOX 271 LOS BANOS, CA 93635
FAX 209-826-2064
PHONE: 209-826-5658

Windecker, Inc.

COMMERCIAL CREDIT APPLICATION

FOR THE PURPOSE OF OBTAINING CREDIT, THIS INFORMATION IS SUBMITTED AS OF (DATE) _____

ALL DECISIONS WITH RESPECT TO THE EXTENSION OR CONTINUATION OF CREDIT
SHALL BE AT THE SOLE DISCRETION OF WINDECKER INC.

TYPE BUSINESS: CORPORATION (COMPLETE PAGE 1, SECTIONS 1 AND 2 AND PAGES 2 & 3)
 PARTNERSHIP (COMPLETE PAGE 1, SECTIONS 1 AND 3 AND PAGES 2 & 3)
 PROPRIETORSHIP (COMPLETE PAGE 1, SECTION 1)
 GOVERNMENT (COMPLETE PAGE 1, SECTION 1)

SECTION 1

LEGAL BUSINESS NAME: _____
DOING BUSINESS AS: _____
STREET OR P. O. BOX NO.
(BUSINESS): _____
CITY/STATE/ZIP: _____
TELEPHONE NO.: _____
FAX NO.: _____
EMAIL ADDRESS: _____
BILLING ADDRESS:
STREET OR P. O. BOX: _____
CITY/STATE/ZIP: _____
LINE OF CREDIT REQUESTED: _____
ESTIMATED MONTHLY PURCHASES FROM WINDECKER INC.
PRODUCTS IN GALLONS:
GASOLINE: _____
DIESEL: _____
HAVE YOU EVER FILED BANKRUPTCY?
 YES NO CASE NO.: _____
IF YES, ADVISE: _____
DATE COUNTY STATE
TAX EXEMPT: YES NO
IF YES, ATTACH CERTIFICATE(S)
FEDERAL TAX I.D. NUMBER: _____
DATE BUSINESS BEGAN, OR IF CURRENTLY A PARTNERSHIP
OR CORPORATION, DATE FORMED OR INCORPORATED:
DATE: _____

SECTION 2 - CORPORATIONS

LIST NAME, RESIDENCE AND SOCIAL SECURITY NUMBER OF
EACH OWNER/OFFICER BELOW
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
SOCIAL SECURITY NO.: _____
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
SOCIAL SECURITY NO.: _____

SECTION 3 - PARTNERSHIPS

PARTNERSHIP
LEGAL NAME OF PARTNERSHIP: _____
TYPE OF PARTNERSHIP:
 GENERAL LIMITED
LIST NAME, RESIDENCE AND SOCIAL SECURITY NUMBER OF
EACH PARTNER BELOW
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
SOCIAL SECURITY NO.: _____
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
SOCIAL SECURITY NO.: _____

BANKING REFERENCES (ATTACH ADDITIONAL SHEET, IF NECESSARY)

BANK NAME: _____

STREET/BOX NO.: _____

CITY/STATE/ZIP: _____

BANK CONTACT: _____

NAME OF LOAN OFFICER & TITLE

PHONE NO.: _____

CHECKING ACCOUNT NO.: _____

LOAN ACCOUNT NO.: _____

LOAN ACCOUNT NO.: _____

BANK NAME: _____

STREET/BOX NO.: _____

CITY/STATE/ZIP: _____

BANK CONTACT: _____

NAME OF LOAN OFFICER & TITLE

PHONE NO.: _____

CHECKING ACCOUNT NO.: _____

LOAN ACCOUNT NO.: _____

LOAN ACCOUNT NO.: _____

TRADE REFERENCES, INCLUDING PETROLEUM SUPPLIER(S):
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ACCOUNT NO.: _____

STREET/BOX NO.: _____

CITY/STATE/ZIP: _____

CONTACT: _____

PHONE NO.: _____

NAME: _____

ACCOUNT NO.: _____

STREET/BOX NO.: _____

CITY/STATE/ZIP: _____

CONTACT: _____

PHONE NO.: _____

NAME: _____

ACCOUNT NO.: _____

STREET/BOX NO.: _____

CITY/STATE/ZIP: _____

CONTACT: _____

PHONE NO.: _____

By signing below I agree to the following terms:

I have made the above statements for the purpose of obtaining credit. I certify they are true and authorize Windecker Inc. personnel to conduct credit investigations whenever they deem necessary.

The business and or person applying for credit agrees to pay for all purchases charged to this account by himself or his authorized user or from which he receives a benefit.

Customer agrees to pay a late charge on past due balances of 1.5% per month (annual rate 18%) or the maximum rate allowed in customer's state of residence; and further agree to reasonable attorney's fees and costs if collection is required. Any suit or action shall be filed in country in which business is transacted.

I hereby personally guarantee to you payment of any obligation due to you by the company whenever the company shall fail to pay the same. It is understood that this guaranty shall be continuing and irrevocable guaranty and identify for such indebtedness of the company. I do hereby waive notice of default, nonpayment and notice thereof. The undersigned guarantor agrees to pay, in the event the account becomes delinquent and is turned over to an attorney for collection, reasonable attorney's fees plus all attendant collection costs.

Signature _____ Date _____

Title _____