

SIGNAL Fleet Card Application

Please Email or Mail completed application.

Email:
fleet@scriveneroil.com

Mail:
Scrivener Oil Company, Attn: Fleet Cards
1605 W. State Hwy J
Ozark, MO 65721

Questions: 417-881-8308 x1102

BUSINESS INFORMATION

Business Name: _____
Business Address: _____
Business Phone: _____ Email: _____
A/P Contact: _____ Type of Business: _____
Years in Business: _____ Years at Current Address: _____ Federal Tax ID #: _____

OWNERSHIP Sole Owner Partnership Corporation

PRINCIPAL: _____
(NAME) (TITLE) (SOC SEC #) (HOME ADDRESS)

PRINCIPAL: _____
(NAME) (TITLE) (SOC SEC #) (HOME ADDRESS)

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(NAME) (TITLE) (SOC SEC #) (HOME ADDRESS)

TRADE REFERENCES (Include suppliers of major products or services.)

Company Name: _____ Account #: _____
Full Address: _____

Contact Person: _____ Phone #: _____ Email: _____

Company Name: _____ Account #: _____
Full Address: _____

Contact Person: _____ Phone #: _____ Email: _____

Company Name: _____ Account #: _____
Full Address: _____

Contact Person: _____ Phone #: _____ Email: _____

BANK REFERENCES

Bank Name/Branch: _____ Acct #: _____

Full Address: _____

Contact Person: _____ Phone #: _____ Email: _____

Bank Name/Branch: _____ Acct #: _____

Full Address: _____

Contact Person: _____ Phone #: _____ Email: _____

Bank Name/Branch: _____ Acct #: _____

Full Address: _____

Contact Person: _____ Phone #: _____ Email: _____

GENERAL INFORMATIONHas the company or any of its principals filed for bankruptcy? Yes No

If yes, please explain: _____

Number of Employees: _____ Estimated Annual Sales: _____

Estimated Monthly Fuel Purchases: \$ _____

The undersigned **will / will not** submit a financial statement.
(circle one)

Any misrepresentation in the application will be considered evidence of a fraud, since this information is the basis for granting credit.

As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.
Undersigned is authorized to sign and authorizes Scrivener Oil Company to investigate credit references listed.

NAME TITLE DATE_____
NAME TITLE DATE_____
SPOUSE'S NAME TITLE DATE
(IF MARRIED)_____
SPOUSE'S NAME TITLE DATE
(IF MARRIED)



AAA Credit Screening Services, L.L.C.
17041 El Camino Real, Suite 102
Houston, Texas 77059

Phone: (281)282-0447

FAX: (281)286-7128

Business Credit Report Application:

APPLICANT(S) Incomplete form may result in the decline of your application.

COMPANY INFORMATION

Company Name FEIN: -
Current Street Address City State Zip

PRINCIPAL(S) INFORMATION

First Name Middle Initial Last Name Jr., Sr., I, II, III
Soc. Sec. No.
Current Street Address City State Zip
Home Phone () Work Phone () Income \$ Week Month
Year
Previous Street Address City State Zip



I, (Signature), give my authorization to (Company Name)
and AAA Credit Screening Services, L.L.C. to verify all of the above information, obtain a credit report, criminal history report and
verify employment information (including salary) on myself for one of the purposes checked below and I further agree to the terms
stated below.

Please conduct the following:

Commercial Intelliscore

Applicant: Please read before signing above. Application will not be processed without signature/s.: Applicant and Co-Applicant
(if applicable) agree to release and indemnify AAA Credit Screening Services, L.L.C. (C.S.S.), as well as C.S.S.'s owners, employees
and C.S.S.'s clients (Company or Landlord specified above) from all liability arising from (1) C.S.S.'s access to or disclosure of
information under this application, (2) Applicant and Co-Applicant's use or reliance on consumer credit information, and (3) any other
violations of the FCRA or other applicable laws due to the acts or omissions of C.S.S. or C.S.S.'s clients (Company or Landlord
specified above).