



Houston - Pasadena
APACHE
Oil Company
 Your Full Service Fleet, Fuel, and Lubricants Supplier



PO Box 177 Pasadena, Texas 77501 281-487-5400 Fax - 281-487-7606

Account No.: _____

Account Manager: _____

COD Customer Information

Legal Company Name: _____

DBA: _____

Delivery Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

Cell No.: _____ Website: _____

Email: _____ Dunn & Bradstreet No.: _____ Federal Tax ID No.: _____

Nature of Business: Sole Proprietorship Corporation Partnership Other, describe: _____

Year Established: _____

If Corporation, Name of State in which Incorporated: _____ Date: _____

Registered Agent Name: _____

Address: _____

If Subsidiary Corporation, give Parent Corporation:

Name: _____

Address: _____

List of all Persons signing checks, their driver license number, and their date of birth.

If Texas State Sales & Use Tax Exempt, enter number and include copy of Exemption/ Resale Certificate: _____

If Texas Fuel Tax Exempt, please send copy of permit or signed statement.

Bulk Storage Tank: Above Ground Underground N/A

Principal Owners and/or Officers:

Name: _____ Title: _____

Home Address: _____ Phone No.: _____

Name: _____ Title: _____

Home Address: _____ Phone No.: _____

Parties hereby agree that all purchases made are subject to the following terms and conditions:

I understand that:

1. All account balances are payable in Pasadena, Texas 77501 or at other branch location offices if designated on invoice, delivery ticket, or statement.
2. The Undersigned agrees to notify Houston-Pasadena Apache Oil Co., LP by certified mail of any pending change of ownership of the Customer and further agrees to be liable for all purchases should the undersigned fail to comply with said notification.

3. The applicant also agrees to pay interest on past balances at a rate not to exceed the applicable state legal maximum or 1½ % per month, whichever is less if such interest is charged. The applicant agrees to pay all collection costs, court costs and legal fees to collect delinquent balances. Furthermore, the applicant agrees to pay the maximum charge allowed for any returned checks.

I declare, under penalty of perjury, that the information on this application is correct. A faxed signed copy shall be treated as an original.

Name of Authorized Representative: _____

Signature: _____ Date: _____