

UNITED FUEL

24 BELLAMY COURT*STOCKBRIDGE, GEORGIA 30281*770.274.3972

BUSINESS INFORMATION

The undersigned ("Customer") states that all of the foregoing information is true and correct and requests that United Fuel, LLC extend credit and/or continue previously extended credit to Customer in material reliance upon such information. The undersigned provides authorization to release any information necessary toward the processing of an account application with United Fuel, LLC. This information is kept strictly confidential.

X] Signature _____ Date: _____ Federal ID# _____
Authorized Company Representative

Legal Name of Company _____ DBA _____ Years in Business _____

Telephone _____ Fax _____ e-mail _____

Business Address _____ City _____ State _____ Zip _____ Own Lease

Check one: Proprietorship Partnership LLC Corporation Non-Profit

Subsidiary of Parent Company Name of Parent _____ Tax Exempt Yes No

Single Entity (not a subsidiary) Primary Business Activity _____ Dun & Bradstreet # _____

Has the company ever filed for bankruptcy? Yes No If so, when and what chapter? _____

BUSINESS BANK INFORMATION

Primary Bank _____ Address _____ City _____ State _____ Zip _____

Name of Bank Contact Person _____ Phone Number _____ E-Mail Address _____ Account Type and Number _____

CREDIT REFERENCES

Business Name _____ Address _____ City _____ State/ Zip _____ Phone _____ E-Mail Address _____

Business Name _____ Address _____ City _____ State/ Zip _____ Phone _____ E-Mail Address _____

Business Name _____ Address _____ City _____ State/ Zip _____ Phone _____ E-Mail Address _____

OWNER, PRINCIPAL AND/OR OFFICER OF THE CUSTOMER

Name _____ Position _____ SS# _____

Home Address _____ City/St. _____ Zip _____

Telephone _____ Driver's License # _____ Date of Birth _____

Own Rent

Have you ever filed for personal bankruptcy? Yes No

certify that the information herein is true and correct. As a principal of the applicant, I authorize United Fuel, LLC to obtain and continue to consider my personal credit in conjunction with this application. Facsimile and scanned signatures shall have the force and effect as an original signature.

X] Signature _____

Name _____ Position _____ SS# _____

Home Address _____ City/St. _____ Zip _____

Telephone _____ Driver's License # _____ Date of Birth _____

Own Rent

Have you ever filed for personal bankruptcy? Yes No

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X] Signature _____