



Hunt & Sons LLC

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Return only to:
applications@huntsonslc.com

**COPY OF A GOVERNMENT ISSUED IDENTIFICATION IS
REQUIRED TO BE SUBMITTED WITH APPLICATION FOR
VERIFICATION PURPOSES**

SEE BACK FOR TERMS & CONDITIONS



AN INDEPENDENT FRANCHISEE OF



THE COMMERCIAL FUELING SYSTEM

INFORMATION REGARDING APPLICANT

ACCOUNT TYPE: WHOLESALE CARDLOCK BOTH I/WE WOULD LIKE TO RECEIVE INVOICES ELECTRONICALLY: Y / N EMAIL:

FIRM'S FULL NAME: PHONE: FAX:

DBA (IF ANY): PRIMARY CONTACT: EMAIL ADDRESS:

MAILING ADDRESS: CITY: STATE: ZIP:

DELIVERY ADDRESS: CITY: STATE: ZIP:

FEDERAL ID# DO YOU RESALE FUEL? YES NO SG# SELLERS PERMIT#

TYPE OF BUSINESS: CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY OTHER (SPECIFY)

STATE OF INCORPORATION/FORMATION: YEAR ESTABLISHED: CITY DOING BUSINESS IN:

AFFILIATED ENTITIES (E.G., PARENT COMPANY, SUBSIDIARIES, ETC.):

PRINCIPAL INFORMATION

NAMES OF PRINCIPAL OWNERS, DIRECTORS, MANAGERS OR PROPRIETORS (ATTACH ADDITIONAL SHEET IF NECESSARY-EACH PARTY LISTED MUST EXECUTE THIS AGREEMENT AS BUYER ON NEXT PAGE)

NAME: SSN#: TITLE:

HOME ADDRESS: CITY: STATE: ZIP:

HOME PHONE: DRIVER LIC. #: BIRTH DATE: EMAIL:

SPOUSE NAME: SSN#

SPOUSE EMPLOYER: PHONE:

NAME: SSN#: TITLE:

HOME ADDRESS: CITY: STATE: ZIP:

HOME PHONE: DRIVER LIC. #: BIRTH DATE: EMAIL:

SPOUSE NAME: SSN#

SPOUSE EMPLOYER: PHONE:

REFERENCES

BANK NAME: CONTACT NAME: CHECKING ACCT#: SAVINGS ACCT#:

MAILING ADDRESS: CITY: STATE: ZIP: PHONE:

BANK NAME: CONTACT NAME: CHECKING ACCT#: SAVINGS ACCT#:

MAILING ADDRESS: CITY: STATE: ZIP: PHONE:

TRADE REFERENCE: ACCT # PHONE:

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CURRENT FUEL/OIL SUPPLIER: CONTACT NAME: ACCT #: PHONE:

ESTIMATED MONTHLY USAGE: GALLONS: DOLLARS: ACCTS. PAYABLE CONTACT: PHONE:

ARE YOU PRESENTLY A PACIFIC PRIDE OR CFN CARDHOLDER? Y / N WITH WHOM: IF SO, HAVE THE CARD(S) BEEN USED WITHIN THE LAST TWO YEARS? Y / N

HAS APPLICANT, PRINCIPAL, OR ANY AFFILIATED ENTITY EVER FILED BANKRUPTCY? Y / N IF SO, WHEN: WHERE:

SALES REP #: _____ ACCT #: _____
APPROVAL DATE: _____ BY: _____

OFFICE USE ONLY

CREDIT LIMIT: \$ _____
PCAT: _____

CREDIT CHECK INFO:
PERSONAL
BCI
RESALE

SEC STATE
CONTRACT LICENSE
OTHER

