



DELTA FUEL COMPANY, INC.
APPLICATION FOR CREDIT

22797 Highway 15
P.O. Box 1810
Ferriday, LA 71334
Phone: 318-757-7610

You must complete all areas marked with an (*)

*Date Corporation Partnership LLC Individual Registered Farmer

*NAME OF APPLICANT THAT APPLYING

Please complete if you are applying as Individual, Farming or Other

*Social Security # *Date of Birth *Driver License Farm No.

Please complete if you are applying as any type of Business

*Trade Name(s) (if any) *Tax ID # or SS #

*Description of Business Date Business Established

*State of Organization *D&B Rating (if any)

Please complete if you are applying as an individual, any type of business, farm, or other

*Physical Address *City, State Zip

*Mailing Address if Different than Physical Address

*Phone 1 () *Fax () *E-Mail

PLEASE LIST OFFICERS, PARTNERS OR INDIVIDUAL OWNER(S) IF APPLYING AS A BUSINESS

*Owner *Title *SS# *Home Address

*Owner *Title *SS# *Home Address

*Owner *Title *SS# *Home Address

All applicants must complete. *Has Applicant ever been denied credit in the past? Yes No

If yes, please identify each and every instance and give an explanation for the denial.

*Are there any suits, judgments, garnishments or other legal proceedings pending against Applicant or have any of Applicant's debts ever been turned over to a collection agency? Yes No

If yes, please identify each and every instance and explain.

*Has Applicant ever filed a petition in bankruptcy or had a petition in bankruptcy filed against it? Yes No

If yes, please identify each and every petition, giving the location of the bankruptcy.

*Is Applicant sales tax exempt? Yes No

If yes, please attach a copy of your exemption certificate(s) stating the rule(s) applicable and listing your tax number.

FINANCIAL INFORMATION

*Contact Name:

*Name of Banking Institution Account No *Phone ()

*Address *City, State Zip * Fax ()

TRADE REFERENCES

*(1) Company Name Contact Name

*Address * Phone () *Fax ()

*(2) Company Name Contact Name

*Address * Phone () *Fax ()

*(3) Company Name Contact Name

*Address _____ * Phone (____) _____ *Fax (____) _____

CREDIT REQUEST INFORMATION (If approved for a Delta Fuel account.)

*Desired Credit Limit \$ _____ *Number of Cards Requested _____ *Desired Pin Nos. _____

Delta Fuel Branch Affiliation (circle one) Ferriday St. Joseph Tallulah Winnsboro Sicily Island

Applicant and the undersigned representative certify that all information within this application is true and correct. Applicant and each person signing below grants permission to Delta Fuel to verify all information in this application and to provide any information requested by creditors of the Applicant and/or each other person signing below. Applicant and each other person signing below grants Delta Fuel permission to obtain credit reports concerning Applicant and such other persons from time to time for such purposes as Delta Fuel deems appropriate including, without limitation, to assist Delta Fuel in making a credit decision, to review the account of Applicant and/or such other persons, and to assist in taking collection activity. Applicant further agrees that Delta Fuel can tell others about its credit experience with me and obtain information from others about my credit history and performance. At my request, Delta Fuel will tell me the name and address of any credit reporting agency from which you received my credit report. Applicant and each other person signing below grants permission to their respective present and former creditors for all acts or omissions which occur in verifying the above information.

This is not a commitment to lend. All applicants are subject to approval by Delta Fuel. Please phone 318-757-7610 (Victoria Ganey Bourke) if you have any questions regarding this.

In making this application, Applicant understands that all accounts are to be paid in full by the 10th of the month following the purchase, and if not paid on or before said date, are then delinquent. By signing as Applicant, I agree to the terms of this Agreement. I agree to pay Delta Fuel the full amount of all credit advances that are made by me or on my behalf. I further agree to pay all finance charges and other fees/charges that may be assessed to my Account. Applicant agrees to pay finance charges on all unpaid balances at the rate of one and one-half percent (1½%) per month (18% APR) from due date until paid. Applicant agrees to pay a service charge of \$25.00 to be applied to any returned check. Applicant acknowledges that any goods returned by credit may be subject to a restocking charge. Further, if an account is placed for collection, Applicant agrees to pay all costs of collection, plus an additional twenty-five percent (25%) of all amounts due, including interest, as reasonable attorney's fees. Applicant also agrees that venue for any collection proceeding is proper in Concordia Parish. This Applicant is governed by federal law and Louisiana state law (to the extent that each applies).

*APPLICANT _____

*APPLICANT _____

*TITLE _____

*TITLE _____

*SIGNATURE _____

*SIGNATURE _____

CONTINUING PERSONAL GUARANTY AGREEMENT

The undersigned (whether one or more, "Guarantor") absolutely, unconditionally and solidarity guarantees the prompt payment in full of any and all indebtedness of Applicant to Delta Fuel Company, Inc., it's subsidiaries and affiliates (collectively, "Delta Fuel"), including all interest, attorney's fees, other fees and charges of whatsoever nature and kind, whether due or to become due, and whether now existing or hereafter arising without requiring any notice of non-payment, demand, dishonor, or non-performance. Guarantor expressly understands and agrees that this guaranty agreement will remain in effect until written notice revoking it is delivered to Delta Fuel, and that revocation will only be effective as to charges incurred subsequent to such revocation. Guarantor declares that Guarantor has read this Continuing Personal Guaranty Agreement and hereby consents and agrees to its terms and conditions.

*Guarantor _____

Date _____

*Printed Name _____

*Guarantor _____

Date _____

*Printed Name _____

FOR OFFICE USE ONLY

Accepted / Denied	Account No.	Amount	Location	Date
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