Motor City Oil Company

6400 E. 8 Mile Rd. Suite 125 Detroit, MI 48234

Phone: 313 892 3000 Fax: 313 892 2104

For Office Use Only	
Date Approved: Interested In Store #: Approved Terms:	

CREDIT APPLICATION

Thank you for your interest in Motor City Oil Company. This completed Application will be used to help us establish your credit worthiness. Please pay careful attention to each item question and answer truthfully with a complete response. Processing of this application can take up to 5 business days.

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N C	FULL LEGAL NAME				EMAIL ADDRESS					
PERSONAL INFORMATION	PHYSICAL ADDRESS				CITY		STATE	ZIP C	ODE	
	MAILING ADDRESS				CITY		STATE	ZIP C	ODE	
	CONTACT NAME				PHON	PHONE NUMBER		FAX NUMBER		
	SOCIAL SECURITY #		DATE OF BIRTH	DRIVER'S LICENSE	 E # AND STATE		CIT	CITIZEN OF:		
PERSONAL INFORAMTION (SPOUSE OR CO-BORROWER)	FULL LEGAL NAME				EMAIL ADDRESS					
	PHYSICAL ADDRESS				CITY			STATE ZIP CODE		ODE
	MAILING ADDRESS				CITY			STATE	ATE ZIP CODE	
	CONTACT NAME				PHONE NUMBER			FAX NUMBER		
PERSO (SPO	SOCIAL SECURITY #		DATE OF BIRTH DRIVER'S LICENS		E # AND STATE		CIT	CITIZEN OF:		
BUSINESS ENTITY		NAME OF PARENT COMPANY					PHONE NUMBER			
	L—CORPORATION	ADDRESS			CITY			STATE		ZIP CODE
	PARTNERSHIP	STATE	OFFICER #1		OFFICER #2			OFFICER #3		
INESS	LLC	OWNER'S NA	VAME		SOCIAL SECURITY #			HOME PHONE NUMBER		
BUS		OWNER'S HOME ADDRESS			CITY			STATE		ZIP CODE
	TYPE OF BUSINESS	FEDERAL TAX ID #			I			YEARS IN BUSINESS		
	NAME OF BANK			NAME OF BANK CO	NAME OF BANK CONTACT		ACCOUNT NUMBER			
NAL	PHONE NUMBER MAILI		LING ADDRESS		CITY			STATE ZIP CODE		ODE
SIOI	COMPANY NAME		<u>ADDRESS</u>		PHONE NUMBER			FAX NUMBER		
ROFES										
BANK AND PROFESSIONAL REFERENCES										
8										

	<u>NAME</u>	<u>ADDRESS</u>		PHONE	YEARS KNOWN	
IAL ICES						
PERSONAL (EFERENCE!						
PERSONAL REFERENCES						
	<u>NAME</u>	<u>A</u>	DDRESS		YEARS ATTENDED	GRADUATED?
EDUCATIONAL BACKGROUND						
ATIC 3RO						
OUC,						
EI B/						
	Business	Position Title/Duties/Skills			Dates En	nployed
≿	Name and Address					
101						
H						
WORK HISTORY					Reason fo	r Leaving
>		Supervisor's Name	<u>l elepnon</u>	<u>ie Number</u>		
_	Business Name and Address	Position Title/Duties/Skills			<u>Dates En</u> <u>From</u>	<u>1ployed</u> <u>To</u>
WORK HISTORY						
HIST						
ZK.					Reason fo	r Leaving
× ×		Supervisor's Name	Telephon	<u>ie Number</u>		
	Own A Home? Yes No			Mortgage C)wed? \$	
Total Ass	Sets \$	Total Liabilities \$		Net Worth	\$	_
	of Cash Available for Investment \$ ease provide details of Financing Sour		ou Have a Financing	Source? You	es No	
What an	nount have you agreed to purchase bu	siness for: \$	Doe	es that include in	ventory? Yes No	
	ed, when would you be ready to inves ou be the sole owner of this Business?		explain			
If you live out of state, will you be relocating to the area? Have you ever been convicted of a felony? Yes No						
Have you ever been associated with any illegal organization? Yes No				No		
Are you	of legal age in your state/province or a	area of residence?	Yes_	No		
	rmation provided on this application					
	the property of Motor City Oil, with au statives to contact anyone, whether					
informat	ion about me. I authorize all parties	contacted on behalf of Motor City Oil				
	ion in this application is true and com re		Da	ite		
Printed	Name		Ti	tle		
Signatu	re		Da	ite		
	Name					
			11	ue		

Other Documents to be attached to this application:

- Copy of Driver's License
- Copy of Social Security Card

AFTER THIS INFORMATION IS COMPLETED, PICK ONE:

- *Fax to (313) 892-2104
- *Email to: admin@motorcityenergy.com
- *Mail to: 6400 E. 8 Mile Rd. Suite 125 | Detroit, MI 48234