



Business Bank & Trade Reference Sheet

*Please complete the following information and fax to (910) 862-2894 or mail to: Campbell Oil Company,
PO Box 637 Elizabethtown, NC 28337, Attn: Credit Dept.*

Company Name: _____ Tax I.D. Number _____

Owner/s of Company: _____ SS # _____

Company Status: Incorporated _____ Partnership _____ Sole Owner _____

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

Phone: (____) _____ Fax# (____) _____

Accounts Payable Contact: _____

Credit Limit Requested \$ _____

For requests in the amount of \$10,000 or more, we ask that you attach your most recent financial statement

(If Different From Above)

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

Contact Name: _____ Phone: (____) _____

Does Your Company Require a Purchase Order # _____ Yes _____ No

Bank & Trade References *(Please provide a least one Fuel or Lubricant Co. provider)*

Bank: _____ Acct#: _____

Address: _____ City: _____ St: _____ Zip _____

Contact Name: _____ Phone: (____) _____ Fax: (____) _____

Trade Reference: _____ Acct #: _____

Address: _____ City: _____ St: _____ Zip _____

Contact Name: _____ Phone: (____) _____ Fax: (____) _____

Trade Reference: _____ Acct #: _____

Address: _____ City: _____ St: _____ Zip _____

Contact Name: _____ Phone: (____) _____ Fax: (____) _____

Trade Reference: _____ Acct #: _____

Address: _____ City: _____ St: _____ Zip _____

Contact Name: _____ Phone: (____) _____ Fax: (____) _____

By signing below, I am stating that I am an authorized representative of the company and I am giving CAMPBELL OIL & GAS CO. permission to request credit information from the above references and I understand that a credit check will be ran on the company &/or owner of company.

Signature: _____ **Date:** _____

Please Print Name and Title: _____