

# WATCHCARD FLEET FUELING

CREDIT APPLICATION  
WOODFIN HEATING, INC.  
D/B/A WATCHCARD FUELS and FOSTER FUEL & COOL

Account # \_\_\_\_\_  
(office use only)

Complete Name of Buyer: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address (No P.O. Boxes): \_\_\_\_\_

City and State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Provide names and social security numbers for all officers and directors if a corporation or all members if a limited liability company:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Business: \_\_\_\_\_

Fed. ID. Number: \_\_\_\_\_

Amount of Credit Required: \_\_\_\_\_

Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit References: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Previous Fuel Supplier \_\_\_\_\_

## NOTICE TO CUSTOMERS

The undersigned has given the above information for the purpose of obtaining credit for services or products of Woodfin Heating, Inc., and represents that said information is accurate and complete. The undersigned agrees to pay for all services and/or products within  Bi-Weekly,  Weekly from date of billing. The undersigned understands that a finance charge of 1½% per month or 18% per annum is charged on all past due balances. In the event the account is turned over to an attorney for collection, the undersigned agrees to pay reasonable attorney's fees and all other costs incurred. The undersigned further agrees that the courts of the County of Spotsylvania or of the City of Richmond, Virginia, (at Woodfin's election) shall be the proper venue for any action brought pursuant to this agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

OFFICE USE: ( ) APPROVED ( ) NOT APPROVED	SIGNED: _____	DATE: _____
CREDIT LIMIT: _____	REMARKS: _____	SALESPERSON: _____

Richmond: 1802 Ellen Rd. Richmond, VA 23230 (804) 355-7104 Fax (804) 359-0413

Fredericksburg: 2715 Lafayette Blvd. Fredericksburg, VA 22408 (540) 898-2151 Fax (540) 891-7562

# WATCHCARD FLEET FUELING

## GUARANTY

In consideration of the extension of credit by the Seller to Buyer (Company Name) \_\_\_\_\_ herein, the undersigned, jointly and severally, unconditionally guarantee to pay and be responsible for all sums, balances and accounts due Seller by Buyer, including interest and collection costs, including reasonable attorney's fees. This Guaranty is an open and continuing guaranty. This Guaranty shall continue in force as to all remaining guarantors notwithstanding a revocation by other guarantors. Any revocation hereof must be by a signed and dated in writing, and shall not in any manner affect the revoking guarantor's liability as to any indebtedness existing prior to the receipt of the written revocation by Seller. Guarantors waive notice of Buyer's default for nonpayment. Any delay on Seller's part in exercising any right hereunder, or taking any action to collect or enforce payment of any obligations hereby guaranteed, either as against the Buyer or any other person primarily or secondarily liable with the Buyer, shall not operate as a waiver of any such right or in any manner prejudice Seller's rights against any guarantor. In the event of any default by Buyer, Seller shall be entitled to collect from any or all guarantors for the full amount owed without prior demand or notice or commencing any collection action against Buyer.

Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

\_\_\_\_\_  
Woodfin Representative

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**WATCHCARD****LIST OF YOUR VEHICLES**

<b>DESCRIPTION</b> <b>(This will show on the front of your card)</b>	<b>REG</b>	<b>PLUS</b>	<b>SUPER</b>	<b>ON RD</b>	<b>OFF RD</b>	<b>TANK SIZE</b>	<b>FILL TIMES</b>	<b>PIN#</b>	<b>OFFICE USE ONLY</b>
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									

**BUSINESS NAME****PRICE CODE****CONTACT NAME****FAX#****EMAIL ADDRESS:****GALLONS:**