

New Account Setup & Due Upon Receipt Agreement

Date		

Account #_____

Business Name_____ DBA _____

Request for Due on Receipt (COD) Terms _____Yes _____No *If no then complete Credit Application*

Per the terms of requesting a Due on Receipt / COD account (Payment due at or before time of delivery) said business agrees to pay for all purchases at the time of delivery. In the event that payment is not made as agreed all past due balances may be assessed a finance charge of \$5.00 per day until the balance is paid in full.

Print Name	Signature	Date
Drivers License #	State of Issue	9
Shipping Address		
Billing Address		
Telephone	Fax	
Main Contact	Cell Phone	Email
Sales Rep F	Route	_Location on Route



Federal Tax ID#_	Tax Exempt State F	Parish
	If yes all Certificates are required with	account setup

Payment Method: ____Credit Card ____Cash / Check / Money Order etc. *3 % Credit card processing fee will apply*

Contacts

Name

Email Address

Title

Customer: please leave the fol. Type of Business	lowii	ng blank, it is	for inte	rnal use	
Order Type (choose one or both)		Package 🗆	Bulk		
Delivery Type (choose most typical)		Delivered		Pick-Up	
Current Supplier(s):					-
Special Instructions or Comments:					

45 Coquille Drive, Belle Chasse, LA 70037 Office (504) 433-2049 / Fax (504) 433-2050 www.gcoilandsupply.com



Personal Guarantee and Consent to Jurisdiction/Venue

In consideration for **Gulf Coast Oil & Supply, LLC** extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual herby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to **Gulf Coast Oil & Supply, LLC** by the business identified below whether said sums are due under open account, contract or other.

It is understood and agreed that credit, if extended, it to be on a continuing basis and any exceed estimated maximum credit limit required as stated in the credit agreement between **Gulf Coast Oil & Supply, LLC** and the business. **Gulf Coast Oil & Supply, LLC** shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waive demand, notice of default and any extension of time or any forbearance which may be extended by **Gulf Coast Oil & Supply, LLC**.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by **Gulf Coast Oil & Supply, LLC.** Said notice shall specify the date on which this guarantee is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

I/we do hereby consent that in the event any legal action is brought, commenced or otherwise instituted by _______ against **Gulf Coast Oil & Supply, LLC** legal jurisdiction shall vest and remain in the State of Louisiana for the Parish of Plaquemines. I/we further acknowledge that all works to be performed or undertaken by **Gulf Coast Oil & Supply, LLC** pursuant to any contracts executed therewith whether written or oral AND/OR any works or product to be shipped on open account shall be substantially performed by **Gulf Coast Oil & Supply, LLC** in the Parish of Plaquemines, State of Louisiana. This contract is being perfected in the Parish of Plaquemines, State of Louisiana.

Date		guaranteeing payment and /enue (NO TITLE)	l consenting to
Home Address			
Home Phone	S. S. #	Drivers Lic #	State
Signature of person gu	aranteeing payment and cons	enting to jurisdiction and	venue
Name of business who	se account is guaranteed	_	
	45 Coquille Drive, Belle	Chasse I A 70037	

(Office) 504-433-2049 / (Fax) 504-433-2050 www.gcoilandsupply.com

	Credit Card Authorization Form
Visa	Mastercard Discover Amex There will be a 3% processing fee added to all transactions
Name (as it appears on	n the card):
Credit Card Number:	
Expiration Date:	CVV# (3 digit code on the back of the card):
Card Billing Address:	
Street:	City:
State:	Zip: Phone: (Associated with credit card)
in this agreement, agre credit card for the produ invoice upon request. I	or Corporate Officer, by signing below I understand and agree to the term set forth ee to pay, and specifically authorize Gulf Coast Oil & Supply, LLC to charge my duct provided. Gulf Coast Oil & Supply, LLC will provide me with a copy of the I further agree that in the event the credit card presented herein is or becomes I will immediately provide Gulf Coast Oil & Supply, LLC with a new valid credit card
upon and/or immediate	ely remit US funds to Gulf Coast Oil & Supply, LLC for the payment of any owed to Gulf Coast Oil & Supply, LLC.
upon and/or immediate outstanding balances o	ely remit US funds to Gulf Coast Oil & Supply, LLC for the payment of any owed to Gulf Coast Oil & Supply, LLC.
upon and/or immediate outstanding balances o Cardholder Signature: _	owed to Gulf Coast Oil & Supply, LLC.
upon and/or İmmediate outstanding balances o Cardholder Signature: _	owed to Gulf Coast Oil & Supply, LLC.

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