



PHONE (956) 686-9582
FAX (956) 686-0070

COD APPLICATION

Estimated high check amount and monthly volume

NAME		S H I P T O	DBA TRADE NAME	
ADDRESS			NAME	
CITY STATE ZIP			ADDRESS	
TELEPHONE ()	FAX ()		CITY, STATE, ZIP	

TYPE OF BUSINESS	OWNERS, PARTNERS, OFFICERS, ADDRESSES	SOCIAL SECURITY NO.
<input type="checkbox"/> CORPORATION YEAR INCORPORATED _____		
<input type="checkbox"/> PROPRIETORSHIP		
<input type="checkbox"/> PARTNERSHIP NO. YRS. IN BUSINESS _____		

LIST OF PERSONS AUTHORIZED BY YOUR COMPANY TO MAKE PURCHASES	
1.	2.
TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES - ATTACH CERTIFICATE	WILL PURCHASE ORDER BE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO

BANKING REFERENCE (MUST INCLUDE ACCOUNT NUMBER AND CONTACT)		
BANK NAME	ACCOUNT NUMBER	
ADDRESS	TELEPHONE ()	
CITY, STATE, ZIP	CONTACT	TYPE ACCOUNT

Authorization is hereby given to make inquiry of all trade and financial sources which are deemed necessary to properly evaluate this application.

BY: _____

NAME & TITLE: _____ DATE: _____

SEND VIA MAIL, FAX OR EMAIL TO: Mary Martinez - Credit Department
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 Fax (956) 686-0070