

DANBY GASOLINE MARKETERS, INC. and affiliates  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Account number:		
Savings			
Checking			
Other			

**BUSINESS/TRADE REFERENCES**

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

**AGREEMENT**

As a condition of a potential business relationship and/or credit, I authorize for Danby's or affiliates to have Hettrick, Cyr and Associates, Inc. or any investigative service to investigate my background to determine suitability for a business relationship, and understand that the inclusion of any false or misleading information on my application may be grounds for immediate termination.

I have reviewed this form, fully understand the intent of this authorization and give my full consent for the disclosure of all my records (whether personal or otherwise) from current and/or previous employment, educational institutions, credit and financial institutions, Department of Motor Vehicles, criminal law and law enforcement agencies, and military records (which could include a copy of my DD-214 Separation Form.)

I fully understand the information provided by the agent is accurate only as to what was provided to them therefore, do not hold the agent, nor Hettrick, Cyr and Associates or Danby's or their affiliates liable in any way.

A photocopy of this release will be valid as an original, even though said photocopy does not contain an original writing of my signature.

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Signature, Title

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Date

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Printed Signature

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Address

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Signature, Personally

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Printed Signature

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Date of Birth

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Social Security #

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Driver's License and State

(The inclusion of your date of birth is voluntary, but could help verify records obtained.)

Please indicate below if you have been employed or educated under another name and the dates.

Also include a copy of your Passport and Driver's License.