



BUSCH DISTRIBUTORS INC
UPDATED FORM
 Customerservice@buschdist.com
 PO Box 8188 Moscow ID 83843
 509 339-6600
 Fax 509 339-6616



FOR UPDATING PURPOSES ONLY

Update Account Type: <input type="radio"/> Business Use <input type="radio"/> Personal Use	**For office use only**
If a Business , how long in business _____ Federal Tax ID No. _____	Account Number: _____
Name of Company _____	Date: _____
	Approved by: _____

Customer Mailing Address _____ City _____ State _____ Zip Code _____

Physical Street Address _____ City _____ State _____ Zip Code _____
 (If different from above)

Primary Contact Person _____ Telephone Number () _____ Fax Number () _____

Email Address _____ Cell Phone () _____

Indicate Organization Type: Proprietorship Partnership Owner/Operator LLC Corporation Other _____

1) Representative Name _____ Title _____ Telephone Number () _____
 Social Security Number - - Date of Birth, State/Province / /

2) Representative Name _____ Title _____ Telephone Number () _____
 Social Security Number - - Date of Birth, State/Province / /

If Individual: Name _____ Spouse's Name _____

Customer Mailing Address _____ City _____ State _____ Zip Code _____

Physical Street Address _____ City _____ State _____ Zip Code _____
 (If different from above)

Social Security No. - - Spouse's Social Security No. - -

Date of Birth / / Telephone No () _____ Spouse's Date of Birth / /

Employer Name and Address _____ How long employed _____
 Work Phone Number () _____

Spouse's Employer Name and Address _____ How long employed _____
 Work Phone Number () _____

Bank and Trade References Name Telephone Number

Bank Reference _____

Current Fuel Card Supplier

Other Supplier Name

Credit References

Name Address Telephone Number

1. _____

2. _____

Account Setup Number of Busch Fuel Cards Desired: _____ (We will contact you regarding setup of your cards)

Driver ID # (Pin) 1: _____ Driver ID # 2: _____ Driver ID # 3: _____ Driver ID # 4: _____

Applicant hereby requests and authorizes all references to release credit information to Busch Distributors, Inc., ("Busch"), and authorizes a credit report for any corporation, corporate officer, partner, member, owner or individual to be issued to Busch. By signing, Applicant authorizes Busch to process or otherwise manage credit transaction information in any matter deemed appropriate by Busch. Applicant hereby agrees to be bound by all terms, conditions, and agreements governing Credit Application and Credit Agreement, as amended from time to time which is made a part of this Credit Application Form. Applicant understands that Applicant may be required to furnish Busch a personal guarantee, a letter of credit, or other security in any amount designated by Busch to secure Applicant's line of credit with Busch.

Signature of Authorized Signer

Title

Signature Spouse

Date