



**BUSCH DISTRIBUTORS INC**  
**UPDATED FORM**  
 Customerservice@buschdist.com  
 PO Box 8188 Moscow ID 83843  
 509 339-6600  
 Fax 509 339-6616  
 Credit Dept: 509-339-6602



Account Type:  Heating Fuel  CFN Fuel Cards  Farm Use  Resale  Other: \_\_\_\_\_

**If a Business**, how long in business \_\_\_\_\_ Federal Tax ID No. \_\_\_\_\_ Will we be selling to you tax exempt: Y N

Name of Company applying for Credit \_\_\_\_\_

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 \_\_\_\_\_

**Account Setup** Number of Busch Fuel Cards Desired: \_\_\_\_\_

Enter your desired card description IE: Name of Driver, Name of Truck, Dsl Only. DID is a 5 digit Driver Identification Number that is used like a PIN number.

Card Description \_\_\_\_\_ DID \_\_\_\_\_ Card Description \_\_\_\_\_ DID \_\_\_\_\_

Card Description \_\_\_\_\_ DID \_\_\_\_\_ Card Description \_\_\_\_\_ DID \_\_\_\_\_

My cards will be product specific: Yes No (we will contact you if 'Yes' is selected)

**Mailing Options**

Please send my invoices by: Mail \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Please send my statements by: Mail \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

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