

RCP Representative:

Date: \_\_\_\_\_

# River City Petroleum, Inc. Credit Application

**Cardlock Division**

P.O Box 235  
West Sacramento, CA 95691  
Office # (916) 371-4960  
Fax # (916) 371-4024

4870 E. Cartier Ave.  
Las Vegas, NV 89115  
Office # (702) 643-9200  
Fax # (702) 643-8536



### Business Data

Trade Name: \_\_\_\_\_

Legal Company Name: \_\_\_\_\_ ("Applicant") Fed. Tax # \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_ Type of Business:  Sole Proprietorship  Partnership  Corporation

Type of Business Activity \_\_\_\_\_ Number of Years Business: \_\_\_\_\_

### Section II Ownership Information

List Owner(s) Partner(s) Shareholders Names (Attach additional Sheet if necessary)

1. Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ SSN # \_\_\_\_\_ % of Ownership \_\_\_\_\_

Address: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ SSN #: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Section III Bank Reference

Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_ Bank Telephone #: \_\_\_\_\_

Checking Acct #: \_\_\_\_\_ Savings Acct #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Major Credit References

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct #: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct #: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct #: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct #: \_\_\_\_\_ Contact: \_\_\_\_\_

