

RCP Representative: _____

Date: _____

River City Petroleum, Inc. Credit Application

Wholesale 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: _____

