

WESSELS OIL

Family owned since 1938

Business Credit Application

Name: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Federal ID #: _____

Site Manager Name: _____ Phone Number: _____

A/P Contact Name: _____ Phone Number: _____

Email Address: _____

Would you like invoices emailed to you? Yes No

Credit References:

Bank Name: _____ Account Number: _____

Contact Name: _____ Phone Number: _____

Additional Credit References

Business Reference #1: _____ Phone Number: _____

Business Reference #2: _____ Phone Number: _____

I certify that the above information is true and correct. I authorize the above parties contacted to release any information to Wessels Oil Company.

Signature: _____ Date: _____



Tel: 712-359-7712
Fax: 712-359-2307



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www.wesselsoil.com



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