



C. O. D. Account Application
Customer must be present at time of delivery

P.O. Box 5632
Van Buren, AR 72956
479-471-9992
800-338-3493
FAX 479-471-9996

Committed to Our Customers...
Dedicated to Service Since 1977

Account #: _____ Salesperson: _____ (Frost Oil Use Only)

Name _____ Contact Name: _____ Cell Phone: _____

Telephone _____ FAX _____ E-mail: _____

Address _____ Delivery Address _____

City _____ City _____

County _____ State _____ Zip Code _____ County _____ State _____ Zip Code _____

Check One: Charge us sales tax We buy for resale We are Direct Pay

If a copy of Sales Tax Permit is not included with this application, **Frost Oil will charge applicable Sales Tax

Bank Information (please print)

Bank Name & City _____ Contact & Telephone # _____ Acct # _____

Current Fuel/Oil Supplier (please print)

Company Name _____ Tel# _____ Contact Name _____

C. O. D. Parameters

- A \$75.00 charge will be added to any ordered fuel the driver could not deliver because customer was not present to pay for the load.
- Payment must be presented to driver and Credit Card purchases must be called in and approved before off-loading of products begins.
- A \$75.00 charge will be added for any check or credit card transaction returned as Insufficient Funds. All subsequent loads will require payment by cashier's check.
- **PERSONAL GUARANTY:** The undersigned hereby guarantees, absolutely and unconditionally; full payment when product is delivered.

I HAVE READ, UNDERSTAND, AGREE AND WILL ABIDE BY THESE TERMS AND CONDITIONS.

Must be signed by Company Owner or Corporate Officer

X Signature _____ Title _____ Date _____

X Signature _____ Title _____ Date _____