



VALERO ENERGY CORPORATION & SUBSIDIARIES
P.O. BOX 696000, SAN ANTONIO, TX 78269-6000
CREDIT DEPARTMENT: Phone (210) 345-2233 / Fax (210) 444-8511

CREDIT APPLICATION

COMPANY NAME: (Under which business is conducted)	
PRINCIPALS NAME:	
CONTACT NAME:	EMAIL/TELEPHONE NO.:
YEARS IN BUSINESS:	
BUSINESS ADDRESS:	
BUSINESS TELEPHONE:	BUSINESS FAX:

Circle One: Individual Company Partnership Corporation (State Incorporated): _____

CREDIT LIMIT REQUESTED:	FEIN (TAX ID NO.):
BANK REFERENCE:	
CONTACT/ACCT NO.:	
BANK ADDRESS:	
BANK TELEPHONE:	

LIST 3 PRINCIPAL CREDIT REFERENCES (PREFERABLY OIL RELATED):

NAME:	ACCT NO.
ADDRESS:	
CONTACT / TELEPHONE:	EMAIL: FAX:
NAME:	ACCT NO.
ADDRESS:	
CONTACT / TELEPHONE:	EMAIL: FAX:
NAME:	ACCT NO.
ADDRESS:	
CONTACT / TELEPHONE:	EMAIL: FAX:

You are hereby authorized to obtain, and the above listed references and banks are authorized to release, credit information to you on request. Your signature below represents your warranty to Valero that you are an authorized officer of the company with authority to bind the company, and that Valero may rely on this warranty. By your signature below, you also acknowledge and agree that the Valero Marketing and Supply Company General Terms and Conditions for Petroleum Product Purchases and Sales in effect at the time of the transaction (latest edition available at www.valero.com) shall apply to all sales of products to you by Valero, unless modified in a written agreement signed by Valero.

PLEASE ATTACH A COPY OF LAST TWO FISCAL YEAR-END FINANCIAL STATEMENTS, THANK YOU.

SIGNATURE _____ TITLE _____ DATE _____

PRINT NAME _____