

Select One:

Individual

VALERO ENERGY CORPORATION & SUBSIDIARIES P.O. BOX 696000, SAN ANTONIO, TX 78269-6000 CREDIT DEPARTMENT: Phone (210) 345-3339

CREDIT APPLICATION

Partnership

EMAIL/TELEPHONE NO.:	
BUSINESS FAX:	

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CREDIT LIMIT	REQUESTED:		FEIN (TAX ID NO.):			
BANK REFERE	NCE:					
CONTACT/ACC	CT NO.:					
BANK ADDRES	SS:					
BANK TELEPH	ONE:					

Corporation

LIST 3 PRINCIPAL CREDIT REFERENCES (PREFERABLY OIL RELATED):

Company

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 _____

(State Incorporated):

PRINT NAME _____