



COMMERCIAL ACCOUNT APPLICATION

Company Name:

Shipping Address:

City:

State:

Zip:

Billing Address:

City:

State:

Zip:

Business Phone:

FAX:

E-mail:

Primary Type of Business:

(Please Specify)

Website URL:

Doing Business As:

Other:

Partnership

Corporation

Sole Proprietor

State/Province

(Please Specify)

Purchasing Contact:

Accounts Payable Contact:

Is this a home-based business? Yes

No

Please read through the following items and then fill in the required information in the spaces provided.

#1. Non-Resale Agreement

I am authorized to purchase AMSOIL products only for the use of the above named company. The products purchased will not be for the purpose of resale or redistribution in any form. The resale of AMSOIL products will result in termination of this Commercial Account.

#2. I do hereby affirm that I am authorized by the above named business to establish an account for the purpose of purchasing AMSOIL Products.

Please Print Name

Title

Date

Please return this completed application to your AMSOIL Servicing Dealer and keep a copy for your records

US Mail: George Jetton
1905 Trailwood Dr.
Euless, TX. 76039

FAX: (817) 571-4801

E-mail: amsjet@aol.com