

Southwestern Petroleum Corporation • P. O. Box 961005 • Fort Worth, TX 76161-0005 Phone: 1-800-359-5823 • Fax: 1-800-736-5823

BU		
Company:		
Person Completing Form:	Title:	
Physical Street Address:		
Mailing Address:		
City:	State/Prov: _	Zip+4/PC:
Telephone:	Fax:	
Company Is A:	☐ Partnership ☐	Proprietorship 🖵 Individual
Years In Business:		
Owner's Full Name:		
Owner's Social Security Number (requir	ed for sole proprietorshi	ps & individuals only):
Т	RADE REFEREN	CES
Company:		
		State/Prov:
Telephone:	Fax:	
Company:		
City:		State/Prov:
Telephone:	Fax:	
Company:		
City:		State/Prov:
Telephone:	Fax:	
se stated.		andard terms are "Net 30 Days from Date of Invoice" unless rect, and authorize Southwestern Petroleur
Corporation to make credit inquiries of t	rade references, banks by authorize references l	and credit checking agencies as required t isted on this form to release said informatio
Printed Name:	Title	9: