



PETROLEUM DISTRIBUTOR SINCE 1952
1-800-366-8210

Limited Liability Company

Credit Application Addendum

Full name of LLC: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Fax: (____) _____ - _____

Last date on which the LLC is to dissolve ____/____/____

LLC is Managed by:

- one manager only more than one manager LLC members

Specify:

| Name | Title |
|------|-------|
| | |
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LLC Capitalization: Please specify the capitalization rates of each of the LLC members.

| Name | Social Security | \$ Amount of Capitalization | % of Ownership |
|------|-----------------|-----------------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

NOTE: A Personal Guaranty may be required, after review of the LLC Capitalization information listed above

LLC Dissolution: Which events will cause the dissolution of this LLC?

- withdrawal of member death of member resignation of member
 expulsion of member member bankruptcy addition of member

Please provide a copy of the LLC Article of Organization selections verifying these events and the indicated actions should they occur

The information submitted on the credit application addendum is warranted to be accurate and true. I hereby agree to notify Creditor of any change in the LLC members or dissolution due to changes. I am authorized to contractually bind this LLC, and warrant that this company is authorized to operate as an LLC in the stated chartered. Two(2) signatures are required if LLC has only two(2) members with equal shares of ownership.

Signed by: _____ Title: _____ Date: ____/____/____

Signed by: _____ Title: _____ Date: ____/____/____

