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**For Office Use Only**

Date Approved: \_\_\_\_\_  
 Interested In Store #: \_\_\_\_\_  
 Approved Terms: \_\_\_\_\_  
 \_\_\_\_\_

**CREDIT APPLICATION**

Please pay careful attention to each item, question and answer truthfully with a complete response. Processing of this application can take up to 5 business days.

<b>PERSONAL INFORMATION</b>	FULL LEGAL NAME			EMAIL ADDRESS		
	PHYSICAL ADDRESS			CITY	STATE	ZIP CODE
	MAILING ADDRESS			CITY	STATE	ZIP CODE
	CONTACT NAME			PHONE NUMBER		FAX NUMBER
	SOCIAL SECURITY #	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE			CITIZEN OF:
	ARE YOU MARRIED?	SPOUSE'S NAME:				ANY ALIASES?

<b>PERSONAL INFORMATION (CO-BORROWER or SPOUSE)</b>	FULL LEGAL NAME			EMAIL ADDRESS		
	PHYSICAL ADDRESS			CITY	STATE	ZIP CODE
	MAILING ADDRESS			CITY	STATE	ZIP CODE
	CONTACT NAME			PHONE NUMBER		FAX NUMBER
	SOCIAL SECURITY #	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE			CITIZEN OF:
	ARE YOU MARRIED?	SPOUSE'S NAME:				ANY ALIASES?

<b>BUSINESS ENTITY</b>	<input type="checkbox"/> CORPORATION	NAME OF PARENT COMPANY			PHONE NUMBER	
	<input type="checkbox"/> PARTNERSHIP	ADDRESS		CITY	STATE	ZIP CODE
	<input type="checkbox"/> LLC	STATE	OFFICER #1	OFFICER #2	OFFICER #3	
		OWNER'S NAME		SOCIAL SECURITY #	HOME PHONE NUMBER	
		OWNER'S HOME ADDRESS		CITY	STATE	ZIP CODE
	TYPE OF BUSINESS		FEDERAL TAX ID #			YEARS IN BUSINESS

<b>BANK AND PROFESSIONAL REFERENCES</b>	NAME OF BANK		NAME OF BANK CONTACT		ACCOUNT NUMBER	
	PHONE NUMBER	MAILING ADDRESS		CITY	STATE	ZIP CODE
	<u>COMPANY NAME</u>	<u>ADDRESS</u>		<u>PHONE NUMBER</u>	<u>FAX NUMBER</u>	

EDUCATIONAL BACKGROUND	NAME	ADDRESS	YEARS ATTENDED	GRADUATED?

**LAST 10 YEARS OF EXPERIENCE IS REQUIRED. IF ADDITIONAL ROOM IS NEEDED, PLEASE PROVIDE ON A SEPARATE SHEET**

WORK HISTORY	<u>Business Name and Address</u> _____ _____ _____	<u>Position Title/Duties/Skills</u>   	<u>Dates Employed</u> <u>From</u> _____ <u>To</u> _____	
			<u>Reason for Leaving</u>	
		<u>Supervisor's Name</u> _____ <u>Telephone Number</u> _____		
WORK HISTORY	<u>Business Name and Address</u> _____ _____ _____	<u>Position Title/Duties/Skills</u>   	<u>Dates Employed</u> <u>From</u> _____ <u>To</u> _____	
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			<u>Reason for Leaving</u>	
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			<u>Reason for Leaving</u>	
		<u>Supervisor's Name</u> _____ <u>Telephone Number</u> _____		

**STATEMENT OF FINANCIAL CONDITION**

<b>ASSETS</b>	<b>\$</b>	<b>LIABILITIES</b>	<b>\$</b>
Cash on hand and in banks		Notes payable to banks – secured	
US Gov't and Marketable Securities		Notes payable to banks – unsecured	
Non-Marketable Securities		Amounts payable to others – secured	
Securities held by Broker		Amounts payable to others – unsecured	
Restricted or control stocks		Accounts and Bills Due	
Real Estate Owned		Unpaid income tax	
Loans Receivable		Real Estate mortgages payable	
Automobiles and other personal property		Student Loans	
Cash value – life insurance		Other debts	
Other assets: _____			
Other assets: _____			
Other assets: _____			
Other assets: _____			
Other assets: _____			
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>INCOME FOR YEAR ENDED:</b>			
Salary, bonuses & commissions			
Dividends			
Real estate income			
Other income (alimony, child support			
Other income: _____			
<b>TOTAL</b>			

Do You Own A Home? Yes \_\_\_ No \_\_\_ If yes, what is the Current Value? \$ \_\_\_\_\_ Mortgage Owed? \$ \_\_\_\_\_

Amount of Cash Available for Investment \$ \_\_\_\_\_ Do You Have a Financing Source? Yes \_\_\_ No \_\_\_  
 If yes, please provide details of Financing Source: \_\_\_\_\_

What amount have you agreed to purchase business for: \$ \_\_\_\_\_ Does that include inventory? Yes \_\_\_ No \_\_\_

If qualified, when would you be ready to invest in your Business? \_\_\_\_\_

Would you be the sole owner of this Business? Yes \_\_\_ No \_\_\_ If no, explain \_\_\_\_\_

If you live out of state, will you be relocating to the area? Yes \_\_\_ No \_\_\_

Are you legally allowed to own a business? Yes \_\_\_ No \_\_\_

Are you legally allowed to work at a business? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

Have you ever been associated with any illegal organization? Yes \_\_\_ No \_\_\_

Are you of legal age in your state/province or area of residence? Yes \_\_\_ No \_\_\_

The information provided on this application by the applicant(s) and any other information provided, is warranted to be accurate, complete, and true and shall be the property of Giant. I authorize Giant to make investigations of my credit, character and ability, and give my permission for Giant, or any of their representatives to contact anyone, whether or not listed above, including former employers, references, or colleagues, in order to obtain personal information about me. I authorize all parties contacted on behalf of Giant, to release this information. I also certify that all the information in this application is true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**