



www.nelsonpetroleum.com

Confidential Application for COMMERCIAL Credit

BUSINESS OFFICE

1125 80th ST SW
Everett, WA 98203
(425) 353-9701
(425) 355-1240 fax

EVERETT PLANT

1125 80th ST SW
Everett, WA 98203
(425) 353-9701 x 1
(425) 347-2069 fax

ARLINGTON PLANT

208 WEST AVE S
Arlington, WA 98223
(360) 435-2208
(360) 435-9712 fax



Remittance Address: PO Box 24946, Seattle, WA 98124-0946

ACCOUNT INFORMATION

Company Name		City, State, Zip	
Billing Address	City, State, Zip		
Business Phone	Fax	Web Address	
Physical Address	City, State, Zip		
DBA(s) (if applicable)	Nature of Business		

PRODUCT TYPE

BULK PRODUCTS: <input type="checkbox"/> Fuel <input type="checkbox"/> Fleet Fueling <input type="checkbox"/> Lubricants <input type="checkbox"/> Filters <input type="checkbox"/> Heating Oil				Monthly Credit Limit Requested _____ Lube \$ _____ Fuel \$ _____ Total \$
CARDLOCK: <input type="checkbox"/> Gasoline <input type="checkbox"/> Single Card System <i>Check All Fuel Types Requested</i>		<input type="checkbox"/> 2-Card System _____ # of Cards Vehicle Card _____ # of Cards		
<input type="checkbox"/> Clear Diesel <input type="checkbox"/> Dyed Diesel PIN No. _____ <i>PIN # must be 5 digits and not begin with zero</i>		Driver Card _____ # of Cards		

BUSINESS AND TAX INFORMATION

A/P Contact	Fax Number	e-mail Address	Purchasing Contact
Form of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		Date Business was Formed:	Federal Tax ID #
			WA State UBI #

BILLING INFORMATION

Require a Monthly Statement? YES NO	Exempt from Sales Tax? YES NO	If yes, please attach applicable WA State documentation.	
Select Billing Method: <input type="checkbox"/> Fax <input type="checkbox"/> email	Payment Method <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT <input type="checkbox"/> AutoPay	AutoPay must be authorized below.	
Purchase Order Required? YES NO	CC & EFT Autopay payments are scheduled on the 10th & 25th of the month.		

EFT PAYMENT INFORMATION *please attach voided check*

Bank Name	Routing Number	Account Number	AutoPay Authorization <i>please initial</i>
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CREDIT CARD PAYMENT INFORMATION

Name on Card	Card Billing Address		
Card Number	Exp. Date	3-Digit Security Code	AutoPay Authorization <i>please initial</i>

CURRENT FUEL/LUBE SUPPLIER

Name	Mailing Address	City, State, Zip
Phone Number	Fax Number	Account Number
		Date Account Opened

Office Use Only

Sales Representative	Account Number	Credit Limit	Date Account Opened
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(rev 03/16) Please complete all information. Missing information may delay processing.

Continued on reverse

BANK & TRADE REFERENCES

Bank	Branch	Street Address	City, State, Zip
Loan Officer		Phone Number	Fax Number
Loan - Acct. No.		Checking - Acct #	Savings - Acct. No.
Trade Reference Name		Mailing Address	City, State, Zip
Phone Number		Fax Number	
Trade Reference Name		Mailing Address	City, State, Zip
Phone Number		Fax Number	
Trade Reference Name		Mailing Address	City, State, Zip
Phone Number		Fax Number	

OFFICERS, PARTNERS, OWNERS (Parent Company If Subsidiary)

Name	Residence Address			City, State, Zip	
Title	Phone	Cell	Fax	Social Security No.	Birth date
Name	Residence Address			City, State, Zip	
Title	Phone	Cell	Fax	Social Security No.	Birth date
Name	Residence Address			City, State, Zip	
Title	Phone	Cell	Fax	Social Security No.	Birth date

PURCHASE AGREEMENT

Credit Terms are Net 15 Days for fuel and Net 30 Days for all other products. Products and/or services are not payable in installments, but payable in full per invoice on or before the due date. Accounts with a balance unpaid after 30 days from date of invoice are subject to Credit Hold and may be reconsidered for credit terms. Cardlock service may be terminated at any time after the due date shown on the invoice. Fees may apply to re-activate cards. A finance charge of 1.5% per month (18% per annum) is charged on delinquent balances. Returned checks are subject to a \$40.00 fee. Returned goods are subject to a restocking fee. Customer accepts responsibility for all costs or losses arising from any Pin # or any network fueling access card issued to Customer that is misused, lost or stolen. Such misuse, loss or theft should be reported immediately to Nelson Petroleum at the Everett Business Office or to (425) 353-9701. Customer agrees to indemnify Nelson Petroleum against any misuse of negligence of any network fueling access card by any of the persons who are in possession of such card assigned to Customer's account. Customer agrees to accept liability for unauthorized use of any network fueling access card issued to Customer, and for any attorney's fees incurred by Nelson Petroleum in collecting unauthorized debts, even if the liabilities exceed the thresholds established in the federal law, 15 U.S.C. 1643. Customer agrees to pay any and all expenses incurred by Nelson Petroleum (including fees for legal costs and collection agency fees of every kind) to collect, defend or assert the right of Nelson Petroleum to obtain the payment of expenses and indebtedness relating to this account. Customer authorizes Nelson Petroleum to contact any such references listed and to access Customer's credit history. Customer certifies that all information on this application is correct and that Customer fully understands the credit terms and agrees to the proper payment in consideration of credit extended.

Signature of officers, partners or members	Title	Date
Signature of officers, partners or members	Title	Date
Signature of officers, partners or members	Title	Date

PERSONAL GUARANTEE

I, _____, residing at _____ for and in consideration of your extending credit at my request to _____ (hereinafter referred to as the "Company"), of which I am _____ hereby personally guarantee to you the payment at _____ in the state of _____ any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature: _____ Date: _____