

Confidential Application for CONSUMER Credit



www.nelsonpetroleum.com

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 102092, Pasadena, CA 91189

ACCOUNT INFORMATION

Account Name _____

Billing Address _____ City, State, Zip _____

Home Phone _____ Cell _____ Home Fax _____

Email Address _____ Work Phone _____

AUTHORIZED ACCOUNT USERS

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

<input type="checkbox"/> Heating Oil	<input type="checkbox"/> Bulk Fuel	<input type="checkbox"/> Lubricants	<input type="checkbox"/> Filters	<input type="checkbox"/> Other	Monthly Credit Limit Requested: Fuel \$ _____ Lube \$ _____ Total \$ _____
FLEETWIDE Cardlock Cards:	<input type="checkbox"/> Clear Diesel	<input type="checkbox"/> Dyed Diesel	<input type="checkbox"/> Gasoline	# of Cards Requested: _____	
PIN No. _____ <i>PIN # must be 5 digits and not begin with zero</i>					

BILLING INFORMATION

Require a Monthly Statement? Yes _____ No _____	Exempt from Sales Tax? Yes _____ No _____ If yes, please attach WA State Exemption Certificate.
Preferred Billing Method: Fax No. _____ Email _____	Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT <input type="checkbox"/> AutoPay AutoPay must be authorized below. CC and EFT Autopay payments are scheduled on the 10th and 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>	

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 REFERENCE

Bank	Branch
Street Address	City, State, Zip
Phone Number	Fax Number
Bank Contact Name	

CREDIT REFERENCES

Credit Reference Name	Address	City, State, Zip
Phone Number	Fax Number	

Credit Reference Name	Address	City, State, Zip
Phone Number	Fax Number	

Credit Reference Name	Address	City, State, Zip
Phone Number	Fax Number	

DELIVERY INFORMATION

Is Billing address different from Delivery Address?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Rent		Special Delivery Instructions?
If yes, please enter delivery address below	<input type="checkbox"/>	No	<input type="checkbox"/>	Own		
Street Address						City, State, Zip

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.

I/We accept responsibility for all costs or losses arising from any PIN# or any network fueling access card issued to me/us that is misused, lost or stolen. Such misuse, loss or theft should be reported immediately to Nelson Petroleum at their Everett Business Office or to (425) 353-9701.

I/We agree to indemnify Nelson Petroleum against any misuse or negligence of any fueling access card by any of the persons who are in possession of such card assigned to my/our account.

I/We agree to pay all collection costs, including attorney costs if necessary to take legal action to collect past due accounts.

I/We certify that all information on this application is correct and that I/we fully understand the credit terms and agree to the proper payment in consideration of credit extended.

I/We understand that information given is for the purpose of obtaining credit and I/we hereby authorize Nelson Petroleum to investigate my/our credit and financial responsibility.

Signature - Authorized Account Holder	Date	Signature - Authorized Account Holder	Date
Signature - Authorized Account Holder	Date	Signature - Authorized Account Holder	Date