

PLEASE COMPLETE IN FULL:	OFFICE USE ONLY:
<p align="center">BANK REFERENCE</p> Name: _____ Address: _____ City/State/Zip: _____ Email: _____ Phone: _____ Fax: _____ Officer: _____ Checking Acct #: _____ Savings Acct #: _____	# Years: _____ Contact: _____ Checking Avg: _____ Rating: _____ #NSF's: _____ Savings Avg: _____ Loans & Type: _____ Payout: _____ #Pmts: _____ Rating: _____ #Pmts: _____ # Past Due Notices _____ Comments: _____
<p align="center">TRADE REFERENCE</p> Name: _____ Address: _____ City/State/Zip: _____ Email: _____ Phone: _____ Fax: _____ Acct #: _____ Contact: _____	# Years: _____ Contact: _____ Recent High: _____ Last Purchase: _____ Owing \$: _____ Past Due: _____ Terms: _____ 30 _____ 60 _____ 90 _____ Pay Habits: _____ Comments: _____
<p align="center">TRADE REFERENCE</p> Name: _____ Address: _____ City/State/Zip: _____ Email: _____ Phone: _____ Fax: _____ Acct #: _____ Contact: _____	# Years: _____ Contact: _____ Recent High: _____ Last Purchase: _____ Owing \$: _____ Past Due: _____ Terms: _____ 30 _____ 60 _____ 90 _____ Pay Habits: _____ Comments: _____
<p align="center">TRADE REFERENCE</p> Name: _____ Address: _____ City/State/Zip: _____ Email: _____ Phone: _____ Fax: _____ Acct #: _____ Contact: _____	# Years: _____ Contact: _____ Recent High: _____ Last Purchase: _____ Owing \$: _____ Past Due: _____ Terms: _____ 30 _____ 60 _____ 90 _____ Pay Habits: _____ Comments: _____

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with invoice terms.

The above information as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true. I/we are hereby authorize the firm to whom this application is made, to investigate the references listed, pertaining to my/our credit and financial responsibility.

Firm Name: _____

Signature _____ Title _____
(Original Signature Required)

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

_____, hereinafter called CUSTOMER, hereby authorizes Waring Oil Company, LLC to initiate debit and/or credit entries to the checking account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

ADDRESS _____

TRANSIT/ABA # _____ ACCOUNT # _____

Entries will be transmitted after prenotification of transaction details to the Customer. This authorization agreement may be terminated by either CUSTOMER or Waring Oil Company upon thirty (30) days of prior notice of intent to terminate; provided, however, CUSTOMER's notice of intent to terminate is subject to Waring Oil Company's receipt of all payments due prior to such notice.

Any EFT returned for non-payment MUST BE replaced with a Cashier or Certified Check plus any applicable service charges or fees.

Prenotification: _____
Email Address

Customer Name _____ Tax ID Number _____

ATTN: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature (Original Signature Required) _____ Title _____ Date _____

Please mail or email the completed form to:

**WARING OIL COMPANY
P.O. BOX 66
VICKSBURG, MS 39181
601-636-1065
AR@waringoil.com**