

P.O. Box 66 Vicksburg, Mississippi 39181 Ph. 601-636-1065 Fax 601-634-0148 AR@waringoil.com

COMPANY USE ONLY

Account No.	
Terms	
Credit Line	
Approved By	
Salesman	
Warehouse	

## **BILL TO INFORMATION**

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CREDIT

APPLICATION

Legal Company Name:		Name:	
DBA:		Address:	
			Zip:
State:	Zip:		
AP Contact:		Are you Sales and/or Tax	Exempt? City/County/Parish
Phone:	Fax:	└── Yes (Include copy of certificate) □ No	
Email:		Federal Excise Tax Exempt?  Yes (Complete exemption)  No	
🗆 Individual 🛛 Partnership 🗆	Corporation 🗆 Other	Type of Government: $\Box$	Non-Profit 🗆 Federal 🛛 State
Fed ID/SS#: (required)			County 🗆 City 🗆 School 🗆 Other
	Yrs in Business:	State Excise Tax Exempt?  Yes (Include copy permits)  No	
State of Inc	Date of Inc.:	_	
Credit Expected:	Order Pending: 🗆 Yes 🛛 No		
Account Type:  Gas  DSL	Oil Previous Supplier:	DEQ Facility #:	(Attach copy of Registration Certificate)
Bonded Job: 🗌 Yes 🗌 No	Job Site:		
Bonding Co.:	Ph#:		Exp. Date of Bond:
Purchase Order Required: $\Box$ Ye	es 🗌 No 👘 Direct Payment Authoriz	ation (EFT): $\Box$ Yes $\Box$ No If ye	s, see attached.
Monthly Statements Required:	🗌 Yes 🗌 No Invoice Copies: 🗌 Mail	and Email 🛛 Email Only	

**CUSTOMER STANDARD TERMS** 

Transport Fuel Due (10 days commercially) (7 days retail dealer) Bobtail Fuel and Lubricants Due (15 days)

**PLEASE READ CAREFULLY.** By signing this agreement: (1) Applicant represents the information given in this application is complete and accurate, that Applicant has no present intention to file for bankruptcy, and that Applicant will notify Waring Oil Company, LLC of any material adverse change in its financial condition; (2) Applicant authorizes Waring Oil Company, LLC to check with credit reporting agencies, credit references and other sources to confirm information; and to report my (our) credit history with Waring Oil Company, LLC to any legitimate credit inquirer; (3) Payment in full will be made within terms of purchase; as stated on individual invoice; (4) Finance Charge of 1 ½ % per month (APR 18%) will be added to balances over 30 days old; (5) Applicant agrees that this account is non-transferable; (6) A service charge of \$30.00 may be applied to any returned check or EFT draft; a restocking charge on all goods returned for credit may be applied; Waring Oil Company, LLC reserves the right to require collateral such as letter of credit, cash deposit, bond, or other such surety as deemed necessary to cover credit limits; (7) In the event suit is filed to enforce payment, I/we agree to pay reasonable attorney fees and expenses of collection; (8) The undersigned represents that he/she is a president, vice president, chairman, general partner, member (L.L.C.), owner or sole proprietor and/or is duly authorized to execute and deliver this application on behalf of Applicant and guarantees such.

Signature:	(Original Signature Required)
Print Name:	Date:

The undersigned jointly and severally agree to unconditionally guarantee payment of all sums and fees owed pursuant to this agreement. This continuing guaranty is absolute and complete, and acceptance and notice of acceptance thereof by Waring Oil Company, LLC is unnecessary and they are expressly waived, and the same shall continue in force until written notice of its discontinuance shall be delivered to Waring Oil Company, LLC, but such discontinuance shall not affect liability on any debts or obligations then existing.

## Failure to sign Personal Guaranty and provide Individual SS# may result in delay of credit approval.

Name:			
Home Street Address:			
City:	State:	Zip:	
Home Phone:	SS#:		
Signature (Original Signature Required)	Date	Name (Print)	

PLEASE COMPLETE IN FULL:	OFFICE USE ONLY:		
BANK REFERENCE	# Years: Contact:		
Name:	Checking Avg:		
Address:	Rating:		
City/State/Zip:	Savings Avg:		
Email:	Loans & Type:		
Phone: Fax:	Payout:		
Officer:			
Checking Acct #:			
Savings Acct #:			
TRADE REFERENCE			
Name:	# Years:	Contact:	
Address:		Last Purchase:	
City/State/Zip:	Owing \$:	_ Past Due:	
Email:		_ 30 60 90	
Phone: Fax:	Pay Habits:		
Acct #:			
Contact:			
TRADE REFERENCE			
Name:	# Years:	Contact:	
Address:	Recent High:	Last Purchase:	
City/State/Zip:	Owing \$:	Past Due:	
Email:	Terms:	_ 30 60 90	
Phone: Fax:	Pay Habits:		
Acct #:	Comments:		
Contact:			
TRADE REFERENCE			
Name:	# Years:	Contact:	
Address:	Recent High:	Last Purchase:	
City/State/Zip:		_ Past Due:	
Email:		_ 30 60 90	
Phone: Fax:	Pay Habits:		
Acct #:	Comments:		
Contact:			

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: \_\_\_\_\_

Title

Signature (Original Signature Required)

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

	, hereinafter called CUST	OMER, hereby authorizes Waring Oil	
Company, LLC to initiate debit and/or credit entrie institution named below, hereinafter called DEPOS	-		
DEPOSITORY NAME	BR#	NCH	
ADDRESS			
TRANSIT/ABA #	ACCOUNT #		
Entries will be transmitted after prenotification of may be terminated by either CUSTOMER or Warin terminate; provided, however, CUSTOMER's notice all payments due prior to such notice.	g Oil Company upon thirty (3	30) days of prior notice of intent to	
Any EFT returned for non-payment MUST BE repl charges or fees.	aced with a Cashier or Certi	ied Check pus any applicable service	
Prenotification:Email Add			
Customer Name		Tax ID Number	
ATTN:	Phone:		
Mailing Address:			
City:	State:	Zip:	
Signature (Original Signature Required)	Title	Date	
Please mail o	or email the completed for	m to:	
W	ARING OIL COMPANY		
	P.O. BOX 66		
VI	CKSBURG, MS 39181 601-636-1065		
	AR@waringoil.com		