

**Confidential Application for COMMERCIAL 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 24946, Seattle, WA 98124-0946**

**ACCOUNT INFORMATION**

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

**PRODUCT TYPE**

<b>BULK PRODUCTS:</b> <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 (Net 15 Day Terms)  _____ Lube \$ _____ Fuel \$ _____ Total \$	
<b>CARLDOCK:</b> <input type="checkbox"/> Gasoline <input type="checkbox"/> Single Card System <input type="checkbox"/> 2-Card System <i>Check All Fuel</i> _____ # of Cards        Vehicle Card _____ # of Cards <i>Tyoes Requested</i> <input type="checkbox"/> Clear Diesel        PIN No. _____        Driver Card _____ # of Cards <input type="checkbox"/> Dyed Diesel		
<i>Customers applying for fueling cards must complete Cardlock Set-Up Form</i>		
<b>BUSINESS AND TAX INFORMATION</b>		

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

**BILLING INFORMATION**

Require a Monthly Statement?    YES    NO	Exempt from Sales Tax?    YES    NO	If yes please attach applicable WA State document
Select Billing Method: <input type="checkbox"/> Fax	Payment <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT <input type="checkbox"/> AutoPay	
<input type="checkbox"/> email	Method: EFT and CC AutoPay payments are scheduled for 10th & 25th of the month. Your Written Authorization is required for AutoPay.	
Purchase Order Required?    YES    NO		

**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

**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 11/11) Please complete all information. Missing information may delay processing.

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**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		

**EFT PAYMENT INFORMATION**

Bank Name	Routing Number	Account Number
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**CREDIT CARD PAYMENT INFORMATION**

Name on Card	Card Billing Address	
Card Number	Exp. Date	3-Digit Security Code

**PURCHASE AGREEMENT**

Credit terms are Net 15 Days. Products and/or services purchased from Nelson Petroleum are not payable in installments, but are payable in full per invoice 15 days from the invoice date.

Accounts with invoices unpaid 30 days from the invoice date may be placed on Credit Hold and 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-validate cards.

A finance charge of 1.5% per month (18% per annum) is charged on past due 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 number or any network fueling access card issued to Customer that is misused, lost or stolen. Such misuse, loss or theft should immediately be reported to Nelson Petroleum at the address above or at (425) 353-9701.

Customer agrees to indemnify Nelson Petroleum against any misuse or 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 attorneys' 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.

_____ Signatures of officers, partners or members	_____ Title	_____ Date
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**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: \_\_\_\_\_