



P.O. Box 66
 Vicksburg, MS 39181
 Ph. 601-636-1065
 Fax 601-634-0148

CREDIT APPLICATION

COMPANY USE ONLY	
Account No.	_____
Terms	_____
Credit Line	_____
Approved By	_____
Salesman	_____
Warehouse	_____

BILL TO INFORMATION

SHIP TO INFORMATION

Legal Company Name: _____
 DBA: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 AP Contact: _____
 Phone: _____ Fax: _____
 Email: _____
 Individual Partnership Corporation Other
 Fed ID:/SS#: _____ D&B #: _____
 Type of Business: _____ Yrs in Business: _____
 State of Inc. _____ Date of Inc.: _____
 Credit Expected: _____ Order Pending: Yes No

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

Are you Sales and/or Use Tax Exempt? City/County/Parish
<input type="checkbox"/> Yes (include copy of certificate) <input type="checkbox"/> No
Federal Excise Tax Exempt? <input type="checkbox"/> Yes (complete exemption) <input type="checkbox"/> No
Type of Government: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Federal <input type="checkbox"/> State
<input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School <input type="checkbox"/> Other
State Excise Tax Exempt? <input type="checkbox"/> Yes (include copy permits) <input type="checkbox"/> No

Account Type: Gas Dsl Oil Previous Supplier: _____ DEQ Facility #: _____ (Attach copy of Registration Certificate)
 Bonded Job: Yes No Job Site: _____
 Bonding Co.: _____ Ph #: _____ Bond #: _____ Exp. Date of Bond: _____
 Purchase Order Required: Yes No Direct Payment Authorization (EFT): Yes No If Yes, see attached.
 Monthly Statement Required: Yes No Invoice Copies: Mail, Email Address or Fax No.: _____

Customer Standard Terms

Transport fuel due (10 days commercial)(7 days retail dealer)
 Bobtail fuel due (15 days)
 Lubricants 10th Prox (10th of following month)

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 1/2% 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: _____
 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 #: _____ DOB: _____

Signature _____ Date _____ Name (Print) _____

PLEASE COMPLETE IN FULL:	OFFICE USE ONLY:
BANK REFERENCE 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: _____
TRADE REFERENCE 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: _____
TRADE REFERENCE 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: _____
TRADE REFERENCE 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 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 _____
By _____ Title _____
By _____ Title _____

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 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: _____ or _____
Email address fax

Customer Name Tax ID Number

Attn: _____ Phone: _____

Mailing Address City State Zip

Signature Title Date

Attach a **VOIDED** blank check to this form and return to:

WARING OIL COMPANY
P. O. BOX 66
VICKSBURG, MS 39181
601-636-1065