C	Confidential Appli	cation for CON	IMERCIAL Credit			
NELSON-REISNER www.nelsonpetroleum.com	BUSINESS OF 1125 80th ST S Everett, WA 98 (425) 353-9701 (425) 355-1240	W 3203	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		
	<i>IDWIN</i> (1) Ke	ndall.	7 3			
	Remittance Addre	ess: PO Box 102092, Pa	asadena, CA 91189			
ACCOUNT INFORMATION Company Name						
Company Ivane						
Billing Address	ess			City, State, Zip		
Business Phone	Fax		Web Address			
Physical Address			City, State, Zip			
3A(s) (if applicable)			Nature of Business			
PRODUCT TYPE						
BULK PRODUCTS: Fuel	Fleet Fueling	Lubricants	Filters Heating Oil	Monthly Credit Limit Requested		
CARDLOCK: Gasoline	Single Card System	Γ	2-Card System	Lube \$		
Check All Fuel Clear Diesel	i	# of Cards	Vehicle Card # of Ca	Fuel \$		
Types Requested Dyed Diesel	PIN No		Driver Card# of Car	rds Total \$		
BUSINESS AND TAX INFORMATION	PIN # must be 5 digits a	ind not begin with zero				
A/P Contact	Fax Number	e-mail	Address	Purchasing Contact		
Form of Business	Date Business was F	formed:	Federal Tax ID #	WA State UBI #		
Corporation Sole Proprietor LLC Partnership						
BILLING INFORMATION	<u> </u>					
Require a Monthly Statement? YES NO	Exempt from Sales T	Tax? YES NO	If yes, please attach applicable WA	A State documentation.		
Select Fax Billing Method: email		Payment Method	Credit Card EFT	AutoPay AutoPay must be authorized below.		
Purchase Order Required? YES NO		CC & EFT Autopay	payments are scheduled on the 10th &	& 25th of the month.		
EFT PAYMENT INFORMATION <i>please</i> Bank Name	attach voided check Routing Number		Account Number	AutoPay Authorization		
Bank Ivane	Routing Rumber		Account Number	please initial		
CREDIT CARD PAYMENT INFORMATI	ION			^ 		
Name on Card		Card Billing Addre	ess			
Card Number	Exp. Date		3-Digit Security Code	AutoPay Authorization		
CURRENT FUEL/LUBE SUPPLIER				* 		
Name	Mailing Address		City, State	e, Zip		
Phone Number	Fax Number	А	account Number	Date Account Opened		
Office Use Only						
Sales Representative		Account Number	Credit Limit	Date Account Opened		
(rev 03/16) Please complete all info	rmation. Missing inf	ormation may dela	ay processing.	Continued on reverse		

BANK & TRADE REFER	ENCES					
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, 2	Zip	
Phone Number		Fax Number				
Trade Reference Name				City, State, 2	Zip	
Phone Number		Fax Number				
Trade Reference Name		М		City, State, Zip		
Phone Number		Fax Number				
OFFICEDS DADTNEDS	OWNERS (Perent Company If Sub	veidionu)				
Name	OWNERS (Parent Company If Sub Residence Ad	,		City, State, Zip		
Title	Phone	Cell	Fax	Social Security No.	Birth date	
Name	Residence Ad	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	
		PURCHASE AG	REEMENT			
Cardlock service may be termina A finance charge of 1.5% per mc Customer accepts responsibility or theft should be reported imme Customer agrees to indemnify N assigned to Customer's account. Nelson-Reisner in collecting una Customer agrees to pay any and Nelson-Reisner to obtain the pay Customer authorizes Nelson-Rei	s with a balance unpaid after 30 days from da ted at any time after the due date shown on th onth (18% per annum) is charged on delinque for all costs or losses arising from any Pin # c diately to Nelson-Reisner at the Everett Busin elson-Reisner against any misuse of negligene Customer agrees to accept liability for unaut uthorized debts, even if the liabilities exceed all expenses incurred by Nelson-Reisner (inc ment of expenses and indebtedness relating is sner to contact any such references listed and the credit terns and agrees to the proper paym	he invoice. Fees may appl nt balances. Returned che or any network fueling acc ness Office or to (425) 35: ce of any network fueling horized use of any network the thresholds established luding fees for legal costs to this account.	by to re-activate cards. ccks are subject to a \$40.00 fec ess card issued to Customer th 3-9701. access card by any of the person k fueling access card issued to in the federal law, 15 U.S.C. and collection agency fees of col- lit history. Customer certifies	e. Returned goods are subject to a restock tat is misused, lost or stolen. Such misuse, ons who are in possession of such card Customer, and for any attorney's fees incu 1643. every kind) to collect, defend or assert the	, loss urred by right of	
Signature of officers, partners or members		Title	Title		Date	
Signature of officers, pa	artners or members	Title		Da	ate	
Signature of officers, pa	artners or members	Title		Da	ate	
		PERSONAL GU	ARANTEE			
I,	, residing at		fe	or and in consideration of your exten	ding credit at my request	
to	(hereinafter referred to as the "Company"), of which I am hereby personally guarantee to you					
any sum which may become irrevocable guarantee and in	in the e due to you by the Company whenever idemnity for such indebtedness of the C he credit agreement hereby guaranteed.	the Company shall fai Company. I do hereby	il to pay the same. It is un	derstood that this guarantee shall be	a continuing and	
Signature:		Dat	e.			
		Dat	····			