



APPLICATION FOR CREDIT

FOR CFN / RED DOT CARD CUSTOMERS A ONE TIME SET UP FOR OF \$15.00 WILL BE INVOICED

COMPANY NAME/ INDIVIDUAL'S

PARENT COMPANY (IF APPLICABLE)

PHYSICAL ADDRESS

PHYSICAL ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

FAX NUMBER / EMAIL ADDRESS

PHONE NUMBER

BILLING ADDRESS

CITY, STATE, ZIP CODE

TYPE OF OWNERSHIP

NATURE OF BUESINESS, YRS IN BUSINESS

PRINCIPAL OFFICERS

PRESIDENT OR CEO

VICE-PRESIDENT

SECRETARY

TREASURER

FEDERAL TAX I.D. NUMBER

ACCOUNTS PAYABLE CONTACT
EMAIL

TEXAS TAX ID NO. (SALES TAX NO.)

ACCOUNTS PAYABLE TEL NO.

BANK REFERENCE

FINCNACIAL INSTITUTION / BANK

CONTACT

ADDRESS (CITY, STATE, ZIP)

PHONE NUMBER

CHECK ALL THAT APPLY

_____ GASOLINE

_____ DIESEL

_____ MULTI-STATE USAGE

_____ TEXAS ONLY

_____ C & I OIL of BEAUMONT ONLY

AUTHORIZATION TO RELEASE INFORMATION

Any aforementioned creditors are hereby authorized to release requested information regarding our account. We assure you that all information and replies to be held in the strictest of confidence to the extent allowed by law and received, without any / all responsibilities attaching to the company (s) or individual (s) furnishing same. We welcome the opportunity to reciprocate at any time.

AUTHORIZATION SIGNATURE

ACKNOWLEDGEMENT OF INTEREST RATE AND TERM AGREEMENT

Our terms are net 20 days on all invoices. Payments are expected on or before the 20th day following invoice date. A finance charge of 1.5% per month (18% annual) will be charged on all accounts that have balances of 30 days or more past due. Statements pertaining to your account / invoice summaries are available upon request and are sent at the end of each month.

SIGNATURE TITLE DATE

PRINT

PERSONAL GUARANTEE OF PAYMENT (To be signed by owner or company officers)

I / We hereby request to open account terms with **C & I Oil of Beaumont, LP**. In consideration of the extension of credit of our account I / We individually, jointly and severally guarantee full and complete payment of account. We certify that all information on this application is correct and that I / We fully understand C & I Oil of Beaumont, LP credit terms are net 20 days. We further agree to pay all expenses of collections, including court costs and reasonable attorney fees, should it become necessary to refer the account for collection. Texas law applies in all instances in Jefferson County, Texas.

SIGNATURE TITLE DATE

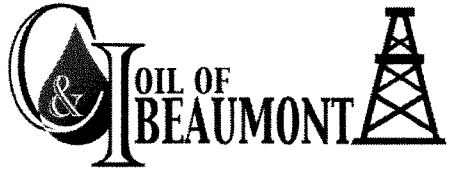
PRINT

LIABILITY DISCLAIMER

Customer accepts any and all liability arising or resulting from or related to the uses, misuse, unauthorized use, loss or theft of any RED DOT FLEET FUEL / CFN card resulting in access to the RED DOT / CFN facility maintained and operated by **C & I Oil of Beaumont, LP**. Customer accepts any and all liability arising or resulting from or related to the uses, misuse, unauthorized, and damage to any and all pumps, equipment and building.

PLEASE FILL OUT ALL THREE PAGES AND RETURN AT YOUR EARLIEST CONVENIENCE. YOUR APPLICATION FOR CREDIT MUST BE SIGNED IN ALL SIGNATURE AREAS TO BE PROCESSED.

WE APPRECIATE YOUR BUSINESS!



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

DEBITING COMPANY

C & I OIL OF BEAUMONT, LP

TAX ID # 3207133622

I hereby authorize C & I Oil of Beaumont, LP to initiate debit entries to my (select type of account)

____ Personal

____ Business

AND

* NOTE: PLEASE INCLUDE A VOIDED CHECK
WITH THIS FORM

____ Checking Account

____ Savings

Indicated below at the depository financial institution named below, hereafter called DEPOSITORY and to debit the same to such account. I acknowledge that the origination of the ACH transaction to my account must comply with the provision of U.S. Law.

DEPOSITORY NAME: _____

CITY _____ STATE & ZIP CODE _____

ABA ROUTING #: _____ ACCOUNT #: _____

This authorization is to remain in full force and effect until C & I Oil of Beaumont, LP has received written notification from me of its termination in such time and in such manner to afford C & I Oil of Beaumont, LP and DEPOSITORY opportunity to act on it. If this is an OPEN Account with C & I Oil of Beaumont, LP ON CREDIT TERMS, C & I Oil of Beaumont, LP shall send prior notification by email, to email account on file with my account with C & I Oil of Beaumont, LP, at least 2 business days in advance of ACH transactions on my account. If this is an OPEN Account with C & I Oil of Beaumont, LP with its FLEET FUELING operations and a Private Card has been issued for use or my business use, I understand that the ACH transaction will occur at the end of each billing cycle, which is every 10 days.

If this is an OPEN Account, with TERMS, please write OPEN in the AMOUNT area. Note: Any ACH returned and /or denied by your depository financial institution, for insufficient funds on any billing authorized by this agreement, will incur a \$50.00 re-initiation charge. Only 1 ACH re-initiation is allowed in a 6 month period. A second returned ACH or denied payment, by your depository financial institution, under this agreement within 6 months, for any reason, will VOID this agreement and require PRE-PAYMENT of a minimum of 125% your account average billing cycle, to maintain account status.

Name: _____ (Please print)

____ Signature: _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.



CREDIT CARD AUTHORIZATION FORM

NAME ON THE CREDIT CARD: _____

TYPE OF CREDIT CARD _____ VISA _____ MC _____ AMEX _____ DISCOVER

IS YOUR CREDIT CARD AN ACCOUNT PAYABLE CARD?

_____ YES _____ NO

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

BILLING ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

ORDER / INVOICE NUMBER _____

ITEM(S) PURCHASED _____

AMOUNT TO BE CHARGED _____

BY SIGNING THIS FORM YOU AUTHORIZE **C & I OIL OF BEAUMONT, LP** TO CHARGE YOUR CREDIT CARD FOR THE AMOUNT LISTED ON YOUR CURRENT INVOICE(S) AND ANY PAST DUE AMOUNT.

SIGNED

DATE

NOTE: IT IS YOUR RESPONSIBILITY TO INFORM **C & I OIL OF BEAUMONT, LP** OF ANY CHANGES, CANCELLATIONS OR EXPIRATION, IN THE STATUS OF THE CARD PROVIDED FOR PAYMENT, **BEFORE** BILLING DATE. **INSUFFICIENT CARDS PROCESSED FOR PAYMENT AND DENIED WILL INCUR A \$25.00 HANDLING FEE AND INTEREST ACCRUED ON THE ACCOUNT TO BE PAID.**