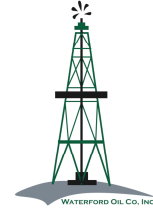


WATERFORD OIL Co., INC.

PHONE (507) 645-5659
FAX (507) 645-2226



P.O. Box 508
NORTHFIELD, MN
55057

PHONE:
(507) 645-5659

FAX:
(507) 645-2226

E-MAIL:
Dispatch@waterfordoil.com

PARENT COMPANY INFORMATION

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

CONTACT PERSON: _____

ACCOUNTS PAYABLE INFORMATION

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____

FEDERAL TAX ID#: _____

STATE TAX ID#: _____

BILL TO INFORMATION (IF DIFFERENT THAN ACCOUNTS PAYABLE INFORMATION)

DO YOU WISH ALL LOCATIONS TO BE BILLED SEPARATELY (IF APPLICABLE)?

☐ YES

☐ NO

COMPANY NAME TO RECEIVE BILL: _____

BILL TO ADDRESS: _____

BILL TO PHONE: _____ FAX: _____

NAME OF RECIPIENT OF BILLS: _____



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CREDIT INFORMATION

1) BACKGROUND

BUSINESS OWNERS NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

YEARS AT CURRENT BUSINESS ADDRESS: _____

YEARS IN BUSINESS: _____

HAVE YOU EVER FILED BANKRUPTCY? _____ IF YES, WHEN? _____

2) BUSINESS BANK*

NAME: _____ YEARS AT BANK: _____

ADDRESS: _____

PHONE: _____ FAX: _____

ACCOUNT #: _____

BANK CONTACT PERSON: _____

CREDIT RATING SERVICE #: _____

PAYMENT METHOD: EFT OR CHECK

*(SIGNATURE REQUIRED BELOW)

I, _____, DO HEREBY AUTHORIZE WATERFORD OIL CO, INC. TO OBTAIN ANY CREDIT/BANK INFORMATION NEEDED TO OPEN AN ACCOUNT WITH WATERFORD OIL CO, INC. I ALSO AGREE TO PAY IN FULL AND WITHIN THE ESTABLISHED CREDIT TERMS FOR ALL ORDERS DELIVERED IN GOOD CONDITION. I UNDERSTAND THAT LATE PAYMENT PENALTIES WILL APPLY FOR PAYMENTS OUT OF THE ESTABLISHED TERMS AND I AGREE THAT SHOULD NON-PAYMENT BY ME OR THE COMPANY I REPRESENT RESULT IN A CLAIM BEING FILED IN THE COURT SYSTEMS AND A JUDGMENT IN FAVOR OF WATERFORD OIL CO, INC. THAT WATERFORD OIL CO. INC. HAS THE RIGHT TO REQUEST AND RECOVER THE AMOUNT OF THE INVOICE, INTEREST FEES AND PENALTIES AS WELL AS ALL COSTS INVOLVED IN COLLECTION TO INCLUDE ALL COSTS OF COURT, LEGAL & LEGAL REPRESENTATION, TRAVEL, PERSONAL COSTS, ETC.

SIGNATURE

DATE

TITLE

CREDIT INFORMATION (CONTINUED)**3) BUSINESS REFERENCES****(A)**

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

RELATIONSHIP: _____ YEARS: _____

(B)

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

RELATIONSHIP: _____ YEARS: _____

(C)

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

RELATIONSHIP: _____ YEARS: _____

SIGNATURE REQUIRED BELOW

I, _____ UNDERSTAND THE STANDARD PRICE SHEET AND THE PRICES QUOTED TO ME FROM WATERFORD OIL CO, INC. ARE BASED ON CREDIT TERMS OF NET 10 DAYS FROM DELIVERY. IN ADDITION, I UNDERSTAND THAT LATE FEES WILL APPLY TO ALL LATE PAYMENTS AS PER WATERFORD OIL CO, INC. AGREEMENT WITH YOUR COMPANY.

SIGNATURE

DATE

TITLE

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LOCATION & DELIVERY INFORMATION

LOCATION 1

LOCATION NAME: _____

PHONE: _____ FAX: _____

STORE ADDRESS: _____

STORE MANAGER/KEY CONTACT: _____

LOCATION 2

LOCATION NAME: _____

PHONE: _____ FAX: _____

STORE ADDRESS: _____

STORE MANAGER/KEY CONTACT: _____

LOCATION 3

LOCATION NAME: _____

PHONE: _____ FAX: _____

STORE ADDRESS: _____

STORE MANAGER/KEY CONTACT: _____

LOCATION 4

LOCATION NAME: _____

PHONE: _____ FAX: _____

STORE ADDRESS: _____

STORE MANAGER/KEY CONTACT: _____

LOCATION 5

LOCATION NAME: _____

PHONE: _____ FAX: _____

STORE ADDRESS: _____

STORE MANAGER/KEY CONTACT: _____

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ELECTRONIC FUNDS TRANSFER (EFT)

_____, HEREBY AUTHORIZE WATERFORD OIL CO., INC. TO MAKE VARIABLE WITHDRAWALS OR DEPOSITS FROM OR INTO ITS CHECKING ACCOUNT WHICH IS AT THE FOLLOWING FINANCIAL INSTITUTION AND AUTHORIZE THE FINANCIAL INSTITUTION TO CHARGE SUCH WITHDRAWALS OR DEPOSITS TO THE BELOW LISTED ACCOUNT. ADJUSTING THE ENTRIES TO CORRECT ERRORS ARE ALSO AUTHORIZED.

FINANCIAL INSTITUTION INFORMATION

NAME: _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT PHONE: _____

IT IS AGREED THAT THESE WITHDRAWALS, DEPOSITS AND ADJUSTMENTS WILL BE MADE BY ELECTRONIC FUND TRANSFER (EFT) SYSTEM ELECTRONICALLY UNDER THE RULES AND REGULATIONS OF WATERFORD OIL CO., INC. AND THE NATIONAL AND LOCAL AUTOMATED CLEARINGHOUSE (ACH) ASSOCIATES. IT IS FURTHER AGREED THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL 30 DAYS ADVANCE NOTICE OF TERMINATION OR CHANGE OF ACCOUNT IS GIVEN TO WATERFORD OIL CO., INC.

IN THE CASE OF NON-SUFFICIENT FUNDS, WATERFORD OIL CO., INC. WILL CHARGE A \$100.00 NSF FEE AND WILL RETRY THE EFT TO RECOVER ALL FUNDS OWED.

PLEASE ATTACH A VOIDED CHECK OR COMPLETED BANK SPECIFICATION SHEET TO THIS FORM FOR THE ACCOUNT SHOWN ABOVE.

ACCOUNT NAME: _____

CUSTOMER ADDRESS: _____

AUTHORIZED AGENT FOR COMPANY: _____

CUSTOMER ACCOUNT #: _____

CUSTOMER ROUTING #: _____

AUTHORIZED SIGNATURE: _____

DATE: _____