

APPLICATION FOR CREDIT

TO EXPEDITE THIS APPLICATION PLEASE COMPLETE EACH SECTION AS APPLICABLE



PLEASE SEND APPLICATION TO:
 P.O. BOX 368 - SUMNER, WA 98390
 FAX (253) 863-6344

Are you currently using the Pacific Pride Network?	Yes	No	(Please Circle One)
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BUSINESS NAME:			
Doing Business As: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Fed Tax ID#:	
ADDRESS:		PHONE:	
CITY:	STATE:	ZIP:	FAX:
EMAIL ADDRESS:			
FOR SOLE OWNER/PARTNERSHIP-DRIVER'S LICENSE NUMBER:			
LIST NAMES AND TITLES OF CORPORATE OFFICERS, PARTNERS, OWNER:			
	NAME/TITLE	HOME ADDRESS	DATE OF BIRTH
1			
2			
3			

IMPORTANT: If your estimated monthly fuel expenditures equal \$7,000 or more, please attach you most recent annual and current financial statements.			
Amount of Credit Desired:		Estimated Monthly Purchases:	
Years in Business:	Years at present address:	TYPE OF BUSINESS:	
HAVE YOU PREVIOUSLY APPLIED FOR CREDIT WITH THIS COMPANY? .		YES	NO
HAVE YOU EVER FILED FOR BANKRUPTCY?		YES	NO
ARE YOU EXEMPT FROM SPECIAL FUEL TAXES? (I.E. STATE OF OREGON):		YES	NO
<i>IF YES, PLEASE EXPLAIN AND INCLUDE A COPY OF THE REQUIRED DOCUMENTATION</i>			

REFERENCES	NAME	ACCT #	TELEPHONE #
CURRENT FUEL SUPPLIER:			
BANKING REFERENCE:			

Designated Fleet Contact Person:	Phone:
Email Address:	

PAYMENT TERMS: NET 10 DAYS VIA EFT		
<p>I AUTHORIZE YOU TO INVESTIGATE OUR CREDIT HISTORY AND THE CREDIT HISTORY OF THE OWNERS, OFFICERS AND PARTNERS LISTED ON THIS CREDIT APPLICATION. I AGREE TO PAY ALL INVOICES WHEN DUE. I AGREE TO PAY FINANCE CHARGES AND LATE FEES ON PAST DUE INVOICES 1.5% PER MONTH (18% ANNUALLY). I AGREE TO PAY ALL COLLECTION COSTS, INCLUDING ATTORNEY FEES AND COURT COSTS WHEN NECESSARY TO COLLECT PAST DUE AMOUNTS. IN THE EVENT OF LEGAL ACTION, THE PARTIES AGREE THAT VENUE SHALL BE PIERCE COUNTY, WASHINGTON.</p> <p>A FAX COPY SHALL BE CONSIDERED TO BE AN ORIGINAL.</p> <p>I / WE CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS CORRECT AND THAT I / WE FULLY UNDERSTAND THE CREDIT TERMS AND AGREE TO THE PROMPT PAYMENT IN CONSIDERATION OF CREDIT EXTENDED.</p> <p>X</p>		
AUTHORIZED SIGNATURE	TITLE	DATE



Individual Personal Guarantee
(Required for all corporate accounts)

To: Snider Petroleum

In consideration of your extending credit at my request to _____ (hereinafter referred to as the "Company"), I hereby personally guarantee to you the payment 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, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Guarantor's Signature: X _____

Print Name: _____

Guarantor's Residential Address: _____

Date of Birth: _____ Social Security No: _____

Phone Number: _____

Date: _____

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

CUSTOMER NUMBER(S): _____ [OFFICE USE ONLY]

CUSTOMER NAME: _____

STREET ADDRESS: _____

Please establish an EFT plan for my account(s). I (we) hereby authorize Snider Petroleum to automatically withdraw from my checking account identified below the total amount due on my account(s) and to make deposits if necessary for error correction. I understand that multiple transactions may take place if I have more than one account. I authorize the Financial Institution named below to accept such transactions initiated by Snider Petroleum. The Withdrawal shall be made from my account on the due date indicated on each Snider Petroleum Invoice.

This authorization is to remain in full force and effect until Snider Petroleum has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Snider Petroleum and your Financial Institution a reasonable opportunity to act on it. (For more information, contact your Financial Institution.)

Financial Institution Name _____ ABA/Transit # _____

Checking Account Number _____

Print Name _____

Signature _____

Other Signature on Account _____

Email Address: _____

PLEASE ENCLOSE A VOIDED CHECK

Continue to pay billing statements as usual until the statement indicates amount will be deducted from your Financial Institution Account. SNIDER PETROLEUM P.O. BOX 368 SUMNER, WA 98390

Back-Up (Credit Card) Payment Source

A back up funding source is necessary should your payment not be received by the due date. Invoices that have not been paid by the due date will be automatically charged to your designated credit card:

CUSTOMER NAME: _____

STREET ADDRESS: _____

I hereby authorize Snider Petroleum to automatically charge my credit card identified below for the total amount due on my account(s) and to make credits if necessary for error correction. I authorize the Credit Card company to accept such transactions initiated by Snider Petroleum. The charges shall be made on or after the due date indicated on my Snider Petroleum Invoice.

This authorization is to remain in full force and effect until Snider Petroleum has received written notification from me of its termination in such time and in such manner as to afford Snider Petroleum and my credit card company a reasonable opportunity to act on it.

Credit Card Type (Circle One): Visa or MasterCard

Credit Card Number _____ Exp: _____

3 Digit Security Code (from back of card) _____

Name on Card: _____

Authorized Signature _____