



A WORLD FUEL SERVICES COMPANY

Contact APP
myapp@gotoapp.com
Fax: (866) 696-1277

Associated Petroleum Products (APP)
Attn: Inside Sales
PO Box 1397 . Tacoma, Washington 98401

NON-CREDIT CUSTOMER PRODUCT & SERVICE PURCHASE AGREEMENT

Residential or Business Name: FEIN/SS# (Required):
Contact Name (if Business):
Phone: Work Phone: Fax Phone:
Invoices & Statements to be emailed to Billing Email Address Billing Email:
Delivery Address:
City: State: Zip:

Associated Petroleum Products (APP) is pleased to sell various products and services subject to the following Terms and Conditions.

- 1. All amounts due for products and services purchased from APP are payable at 2320 Milwaukee Way, Tacoma WA 98421.
2. The undersigned customer (Customer) is liable to APP for all products purchased and received, whether or not Customer receives an invoice.
3. In the event the account is turned over to an attorney or collection agency for collection, Customer will pay all reasonable attorneys' fees...
13. APP may terminate this Agreement or the rights granted hereunder upon oral or written notice to Customer for any reason at APP's sole discretion.

APP appreciates the opportunity to enter into this Agreement with Customer. We recognize that Customer has a choice of suppliers for his / her products and related service requirements.

Customer Name(s) (please print):
Signature:
Date:

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

We hereby authorize Associated Petroleum Products and each of its successors and assigns and other affiliated companies to initiate debit entries to our checking account indicated below and the depository named below (hereinafter called "Depository") to debit the same to such account.

DEPOSITORY Bank Name: Telephone:
Bank Account Number: ABA (Routing) Number:

This EFT agreement is to remain in full force and effect until Associated Petroleum Products and the Depository have received written notification from us in such time and manner as to afford APP and the Depository a reasonable opportunity to act on the notification.

Legal Name:
Contact:
Phone:
Fax:
Signed: (Authorized Signer on the Bank Account)
Date:

ATTACH VOIDED CHECK
Jhon Smith
Address
Date
Pay to the
Order of:
DOLLARS
For
123456789 XXXXXXXXXXXX 1234