



A WORLD FUEL SERVICES COMPANY

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

APPLICATION INSTRUCTIONS

Thank you for your interest in doing business with APP. To ensure prompt processing, credit applications should be complete and signed by an authorized person. The application process usually takes five to seven business days.

APPLICATION FOR PERSONAL CREDIT

Applying for (Check all that apply): Heating Oil Propane

Name: Date of Birth: SS# (Required):

Invoices & Statements to be emailed to Billing Email Address

Billing Email: Telephone:

Delivery Street Address: City: State: Zip: Years at Address:

Employer: Address: Years Employed:

Spouse's Name: Date of Birth: Social Security Number:

Spouse's Employer: Address: Years Employed:

Have you or your spouse ever filed for bankruptcy? Yes No Have you or your spouse ever had a judgement entered against you? Yes No

Do you own your residence? Yes No If not, provide landlord's name and phone number:

Bank Reference: Address: Phone Number: Account Officer:

Credit References:

1. 2.

3. 4.

PURCHASE AGREEMENT

The parties hereby agree that all purchases made are 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 plus all attendant collection costs whether or not suit is commenced.
4. Customer will notify APP by certified mail of any pending change of personal status and further agrees to be liable for all purchases should Customer fail to comply with said notification.
5. Unless otherwise provided in a written agreement with APP and the customer, the products and/or services purchased from APP are not payable in installments, but payable in full per invoice.
6. Release of credit information: Customer authorizes APP to inquire into and obtain from any bank, lending institution, or credit reference, whether listed on Customer's credit application or not, any and all information relating to Customer's credit worthiness or financial condition.
7. All disputes that may arise out of the Agreement will be within the exclusive jurisdiction of and will be resolved under the laws of the State of Washington.
8. This Agreement may be executed simultaneously in any number of counterparts, each of which shall be deemed an original and all of which shall constitute one and the same instrument.
9. Option to Waive: APP may, at its option, waive any of its requirements, or excuse Customer's non-compliance with any of its obligations.
10. Returned goods will not be accepted without prior authorization.
11. All returned checks or electronic payments are subject to a \$35.00 fee.
12. APP may terminate this Agreement or the rights granted hereunder upon oral or written notice to Customer, and may revoke card privileges for any reason at APP's sole discretion.
13. This Agreement incorporates by reference, to the extent not inconsistent herewith, the World Fuel Services Refined Products General Terms and Conditions.

Name: Title: Date:

Signature:

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. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. This is a binding agreement that may be executed by facsimile.

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. This agreement allows APP to charge debits to this account at frequent intervals for varying amounts.

Legal Name:

Contact:

Phone:

Fax:

Signed: (Authorized Signer on the Bank Account)

Date:

ATTACH VOIDED CHECK

VOIDED CHECK stub with fields for Name, Address, Date, Amount, and MICR line.