

**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.



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

**APPLICATION FOR PERSONAL CREDIT**

Applying for (Check all that apply). Heating Oil  Propane  Cardlock

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. All amounts due to APP are payable as stated on APP's invoice. All past due amounts are subject to a late charge of 1 1/2% per month. Customer acknowledges APP's invoice may reflect a price variance between products purchased with cash, check, or electronic transfer and products purchased with a credit card.
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. If the guarantee attached to this agreement is executed by more than one person then in such event the liabilities and obligations of Customer shall be joint and several, and singular words herein shall be read as if written in plural.
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. Customer agrees to accept liability for unauthorized use of any card issued Customer, and for any attorneys' fees incurred by APP in collecting unauthorized debts, even if the liabilities exceed the thresholds established in the federal law, 15 U.S.C. 1643.
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. Venue shall be in Pierce County, 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. Signed signature pages may be transmitted by facsimile or electronic means, and any facsimile, electronic, or photocopy signature shall have the same legal effect as an original and shall be equally enforceable in a court of law.
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. However, any such waiver or excuse shall not be deemed or considered as a continuing waiver and shall not operate to bar or prevent APP from declaring a breach or non-compliance by Customer, either of the same term or otherwise.
10. Returned goods will not be accepted without prior authorization. All returned goods are subject to a restocking fee.
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 (effective May 1, 2016 or the most recently amended version thereof) which is located at <http://www.wfscorp.com/wfscorp/docs/gtc-land.pdf>

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

