



Please Fax to: Rob McGuire
Fax: (219) 926 9683
950 Wabash Ave
Chesterton, IN, 46304
Tel: (219) 926 8656

CREDIT APPLICATION

BUSINESS INFORMATION

Official Company Name: _____

Sales Consultant Name: _____

In order to determine your credit needs, we need to know the following information:

Types of products being purchased:

How much purchased per month:

TAX INFORMATION

List any taxes you are exempt from paying. Certificates must be provided to confirm exempt status.

DELIVERY LOCATIONS

Please list the addresses of locations you plan on order for from Paulson Oil:



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CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Official Company Name:
Registered Address: Billing Address: (if different)
Main Phone: Main Fax:
Contact Name: Contact Phone: Contact Fax:
Fed. ID: Tax Exemption: Yes No [Please provide us with copies of all tax exemption certificates]
Accounts Payable Name: AP Phone:
AP Email: AP Fax:

BUSINESS INFORMATION

Check One: Corporation Partnership Proprietorship Subsidiary of or Division of
Years in Operation: Type of Business:
Estimated Monthly Purchases: Credit Requested: POs Required: Yes No
Simons Petroleum Sales Person: Product(s) to be purchased: Gas Diesel Lubes & Chem
President/CEO: Treasurer/Controller:
VP/Finance: A/P Manager:

BANK INFORMATION

Bank: Contact Name:
Account No.: Phone: Fax:

TRADE REFERENCES

Company Name: Contact:
Phone No.: Fax No.:
Company Name: Contact:
Phone No.: Fax No.:
Company Name: Contact:
Phone No.: Fax No.:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I/We certify that the foregoing information has been supplied truthfully, accurately and voluntarily, and therefore authorize named creditor to investigate my/our creditworthiness, credit history and financial responsibility through any credit bureau or by any other reasonable means, including direct contact with past and present creditors. I/We also authorize banks and other financial institutions to give information to Simons Petroleum in connection with this transaction about my/our savings, checking accounts, and loans. If credit is extended as a result of the application, I/We agree to make payment promptly in accordance with the creditor's usual terms.

Authorized by: [This must be a bank authorized signature]
Signature: Name: Date:



PETROLEUM PRODUCTS - WHOLESALE - RETAIL
P.O. Box 903 - Chesterton, Indiana 46304
Phone: (219) 926-8656
Fax: (219) 926-9683

SALES AGREEMENT

TERMS OF SALES AGREEMENT AND ACCEPTANCE

1. Payment terms are stipulated on each invoice, unless otherwise agreed to by Paulson Oil Company (POCO). POCO sales terms are as follows:
 - a. Lubricants, antifreezes and ancillary products - Net 30 Days Initial: _____
 - b. Fuel - Net _____ days Initial: _____
2. Finance Charges will be incurred at a rate of 1.5% per month for all balances beyond 15 days past specified terms.
3. In the event of a default in payment terms, the account agrees to pay all costs of collection. If the delinquent account is placed with an attorney for collection, the account agrees to pay all costs including, but not limited to, attorney fees, filing fees, court costs and the maximum amount of interest permitted by law.
4. POCO will not process the credit application until this agreement is signed.

The terms of sales are agreed to and accepted:

Printed Name: _____

Signature: _____

Title: _____

Company Name: _____

Date: _____



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2009 SALES TAX EXEMPTION

SALES TAX EXEMPTION FORM

PURCHASER'S CERTIFICATE NUMBER
(STATE SALES TAX EXEMPTION NUMBER)

PURCHASER'S NAME

GENERAL SALES TAX EXEMPTION CERTIFICATE

Single purchase - enter purchase price\$

Blanket

Purchaser requests and warrants that all purchases are to be used for the exempt purpose as indicated.

Check appropriate block:

Sale to Retailer, Wholesaler
Manufacturer for Resale

Sales to Governmental Units -
Federal, States, Municipal

Pollution Control Facilities

Sales to be used in Industrial Processing

Sale in Interstate Commerce

Other, specify:

Any Corporation, Society, Association,
Foundation, or Institution organized and
operated exclusively for Charitable, Religious,
or Educational purposes.

THE UNDERSIGNED FURTHER WARRANTS THAT IN THE EVENT ANY PURCHASE IS
SUBSEQUENTLY CONVERTED BY THE PURCHASER TO HIS OWN USE AND/OR
CONSUMPTION, THE PURCHASER SHALL ASSUME RESPONSIBILITY FOR THE USE TAX.

Purchaser's
Business Address:

By: SIGNATURE

Title:

Title:

Date:

Date:



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EFT FORM

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT

CUSTOMER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TAX ID NUMBER: _____

I (we) hereby authorize Paulson Oil Company hereafter called COMPANY, to initiate debit entries to my (our) checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. COMPANY will contact DEPOSITORY before first initial preauthorized transaction. COMPANY will provide notification to DEPOSITORY before any debit is initiated.

DEPOSITORY (BANK) NAME: _____

DEPOSITORY ADDRESS: _____

ACCOUNT NUMBER: _____

TRANSIT/ABA NUMBER: _____

(Attach copy of voided check)

DEPOSITORY CONTACT: _____

DEPOSITORY TELEPHONE #: _____

CUSTOMER AUTHORIZATION

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____

This authorization shall remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.