



ULLMAN OIL, INC.
 9812 E. WASHINGTON ST.
 CHAGRIN FALLS, OH 44023
 Main: 440-543-5195
 Fax: 440-543-6549
 www.ullmanoil.com

SALES REPRESENTATIVE

BUSINESS CREDIT APPLICATION

DATE RECEIVED: _____

Thank you for your interest in Ullman Oil, Inc. We appreciate the opportunity to be of service to you. To help us establish credit terms for you, we request that you execute this Application and Agreement and furnish us with the names and addresses of at least three (3) references with whom you have credit terms of equal value or greater than the credit terms requested, latest financial statements (if credit terms will be over \$5,000) and a bank reference. Product on credit terms will not be delivered until the credit review process is complete, which is typically 3-4 business days.

NAME/ADDRESS	FULL LEGAL NAME		E-MAIL ADDRESS			
	BILLING ADDRESS		CITY	STATE	ZIP CODE	
	SHIP TO ADDRESS (see attached if multiple sites)		CITY	STATE	ZIP CODE	
	CONTACT NAME	PHONE NUMBER	FAX NUMBER	WEBSITE		
LEGAL STRUCTURE	<input type="checkbox"/> Corporation	[] Division [] Subsidiary	NAME OF PARENT COMPANY		PHONE NUMBER	
	<input type="checkbox"/> Partnership	STATE	OFFICER #1	OFFICER #2	OFFICER #3	
	<input type="checkbox"/> Proprietorship	OWNER'S NAME		SOCIAL SECURITY NUMBER	HOME PHONE NUMBER	
		OWNER'S HOME ADDRESS		CITY	STATE	ZIP CODE
	TYPE OF BUSINESS				YEARS IN BUSINESS	
	FEDERAL TAX ID NUMBER	DUNS NUMBER	SIC CODE	PRESIDENT		
BANK & TRADE REFERENCES	NAME OF BANK		NAME OF BANK CONTACT		ACCOUNT NUMBER	
	PHONE NUMBER	MAILING ADDRESS OF BANK		CITY	STATE	ZIP CODE
	COMPANY NAME	ADDRESS		PHONE NUMBER	FAX NUMBER	

The information provided to Ullman Oil, Inc. on this application by the applicant(s) and any other information provided to Ullman, including any financial statement(s) is warranted to be accurate, complete, and true and shall be the property of Ullman. Ullman is authorized to investigate the applicant(s) credit and employment history and to answer questions about its credit experience with the applicant(s). If invoices are not paid when due, the applicant agrees to pay a late payment charge of 1.5% per month on the unpaid balance (Annual percentage rate of 18%) or the maximum rate allowed by law, whichever is less. Payments which are returned will be assessed a 1% / min. \$75 penalty. The applicant(s) agrees to pay any and all costs and expenses, including reasonable attorney fees, incurred by Ullman in collecting past due accounts. The applicant(s) hereby certifies and warrants that any credit extended as a result of this application will be used solely for business purposes and will not be used for personal, family, or household purposes. The undersigned certifies that he/she is authorized by company to bind said company to this agreement.

SIGNED: _____ TITLE: _____ DATE: _____

Applicant and Signatory acknowledges receiving an exact copy of this Application, and in consideration of the granting of credit: (1) agrees and acknowledges that it contain Limited Warranties and Disclaimers; (2) agrees to be bound by the terms and conditions set forth in this Agreement; and (3) agrees that the person who signs this Application has the authority to do so on behalf of Applicant and/or parent company, and personally guarantees all present and future extension of credit. If you questions, please contact your sales representative.

GUARANTOR: _____ SOCIAL SECURITY #: _____ DATE: _____

PRINT NAME: _____



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GENERAL INFORMATION

DATE RECEIVED:

Thank you for your interest in Ullman Oil, Inc. We appreciate the opportunity to be of service to you. To help us better understand your needs and service your account, the following information is needed. Please take the time to completely fill-out this section, so that Ullman Oil, Inc. can meet all of your needs.

TAX EXEMPTION	STATE SALES TAX	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> NON-EXEMPT	FORM SUPPLIED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	STATE EXCISE TAX	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> NON-EXEMPT	FORM SUPPLIED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	FEDERAL TAX	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> NON-EXEMPT	FORM SUPPLIED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	NAME AND PHONE NUMBER OF CONTACT PERSON REGARDING TAX INFORMATION:					
	NAME:	PHONE NUMBER	E-MAIL ADDRESS			
PLEASE NOTE THAT IF PROOF OF TAX EXEMPTION IS NOT RECEIVED ON ANY OF THE AFOREMENTIONED TAXES, IT WILL BE THE RESPONSIBILITY OF THE CUSTOMER TO RECEIVE ANY FORM OF REFUND FROM THE APPROPRIATE TAXING ENTITY. ULLMAN OIL IS NOT RESPONSIBLE FOR THE TAX EXEMPTION, UNLESS THE NECESSARY TAX EXEMPT FORMS HAVE BEEN SUPPLIED TO ULLMAN OIL PRIOR TO DELIVERY OF PRODUCT.						

CREDIT REQUEST	PREVIOUS SUPPLIER				
	NAME	CREDIT LIMIT	REASON FOR LEAVING		
	TERMS DESIRED	<input type="checkbox"/> COD	<input type="checkbox"/> WEEKLY EFT	<input type="checkbox"/> 30 DAY EFT	<input type="checkbox"/> OTHER
	As an additional service to customers, Ullman has an EFT program for all payment terms. This program saves time and money. Please fill-out the accompanied sheet for the EFT program. Draft notifications will be faxed or e-mailed 24 hours prior to drafting funds.				
	CREDIT LIMIT REQUESTED				
	BILLING CONTACT	TITLE	PHONE NUMBER	FAX NUMBER	
	HOW DO YOU WANT YOUR INVOICES SENT?	<input type="checkbox"/> FAX	<input type="checkbox"/> E-MAIL	<input type="checkbox"/> MAIL	E-MAIL

Ship To	SHIP TO NAME #1					
	SHIP TO ADDRESS					
				STATE	ZIP CODE	
	UNIT TYPES TO BE FUELED					
	<input type="checkbox"/> BULK TANKS	<input type="checkbox"/> CONSTRUCTION EQUIPMENT	<input type="checkbox"/> GENERATORS	<input type="checkbox"/> REEFER UNITS	<input type="checkbox"/> TRAINS	<input type="checkbox"/> TRUCKS
	PRODUCT	TANK #	TANK CAPACITY	GALLONS PER DELIVERY	FREQUENCY PER MONTH OF DELIVERIES	

Emergency Contact:	Number:
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Provide copies of Buster & Puster Certificates



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EFT AUTHORIZATION

DATE RECEIVED:

Thank you for your interest in Ullman Oil, Inc. We appreciate the opportunity to be of service to you. To help us better understand your needs and service your account, the following information is needed. Please take the time to completely fill-out this section, so that Ullman Oil, Inc. can meet all of your needs. CUSTOMER hereby authorizes Ullman Oil, Inc., hereinafter called COMPANY, to initiate debit and credit entries to the checking account indicated below and the bank named below, hereinafter called BANK, to debit and credit the same to such account for the purposes of payment of product invoices in accordance with the payment terms of the invoice. CUSTOMER has the right to stop payment of a debit entry by notification to the BANK prior to charging account.

PLACE COPY OF VOIDED CHECK HERE

1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 0 1 2 3
Bank Routing Code	Bank Account Number

BANK INFORMATION	BANK NAME		BRANCH		
	BANK ADDRESS		CITY	STATE	ZIP CODE
	BANK ROUTING NUMBER				
	BANK ACCOUNT NUMBER				
	BANK ACCOUNT TYPE		<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> OTHER

This authority may be terminated upon thirty days written notice of its termination from CUSTOMER to the COMPANY. A copy of this form may be forwarded to your BANK.

CUSTOMER: _____ SIGNED: _____ FEDERAL TAX ID: _____

TITLE: _____ PRINTED NAME: _____ DATE: _____