

CREDIT APPLICATION

STUCK ENTERPRISES



(724) 627-3757 -- Phone
(724) 852-1798 -- FAX

Credit Application For: Circle one below

Jacobs Petroleum * Oakland Oil * Fleet Fueling _____ (Location) * Store: _____ (Location)

INDIVIDUAL ACCOUNT APPLICANT (FOR PERSONAL ACCOUNT ONLY) Fill out Sections 1 and 3

| | | | | |
|-----------------------------------|------|-------|---------------|------------------------|
| Name (FIRST, MIDDLE, LAST) | | | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
| BILLING ADDRESS | CITY | STATE | ZIP CODE | CELL PHONE NUMBER |
| STREET ADDRESS | CITY | STATE | ZIP CODE | HOME PHONE NUMBER |
| EMPLOYER NAME | | | | BUSINESS PHONE NUMBER |
| EMPLOYER ADDRESS | CITY | STATE | ZIP CODE | YEARS EMPLOYED |
| SPOUSE NAME (FIRST, MIDDLE, LAST) | | | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
| EMPLOYER NAME | | | | BUSINESS PHONE NUMBER |
| EMPLOYER ADDRESS | CITY | STATE | ZIP CODE | YEARS EMPLOYED |

BUSINESS ACCOUNT APPLICANT (FOR BUSINESS ACCOUNT ONLY) Fill out Sections 2 and 3

| | | | | |
|---|------|-------|-----------------------|------------------------|
| FULL LEGAL NAME OF APPLICANT (FIRST, MIDDLE, LAST) | | | BUSINESS PHONE NUMBER | FAX NUMBER |
| BUSINESS NAME | DBA | EMAIL | | |
| BILLING ADDRESS | CITY | STATE | ZIP CODE | FEDERAL ID NUMBER |
| STREET ADDRESS | CITY | STATE | ZIP CODE | YEARS IN BUSINESS |
| PARENT COMPANY NAME | | | | BUSINESS PHONE NUMBER |
| ADDRESS | CITY | STATE | ZIP CODE | |
| OWNER/OFFICER NAME (FIRST, MIDDLE, LAST) | | | TITLE | SOCIAL SECURITY NUMBER |
| ADDRESS | CITY | STATE | ZIP CODE | PHONE NUMBER |
| OWNER/OFFICER NAME (FIRST, MIDDLE, LAST) | | | TITLE | SOCIAL SECURITY NUMBER |
| ADDRESS | CITY | STATE | ZIP CODE | PHONE NUMBER |
| ACCOUNTS PAYABLE CONTACT NAME (FIRST, MIDDLE, LAST) | | | | PHONE NUMBER |
| ADDRESS | CITY | STATE | ZIP CODE | FAX NUMBER |

SALES TAX-EXEMPT? CIRCLE YES - NO **IF YES, PLEASE PROVIDE COPY OF CERTIFICATE**

INDIVIDUAL AND BUSINESS ACCOUNT APPLICANTS (COMPLETE ALL SECTIONS BELOW)

| | | | |
|---------------------------------|--------|----------------|----------------|
| BANK NAME | BRANCH | ACCOUNT NUMBER | PHONE NUMBER |
| ADDRESS | CITY | STATE | ZIP CODE |
| TRADE REFERENCE COMPANY NAME #1 | | | ACCOUNT NUMBER |
| ADDRESS | CITY | STATE | ZIP CODE |
| TRADE REFERENCE COMPANY NAME #2 | | | ACCOUNT NUMBER |
| ADDRESS | CITY | STATE | ZIP CODE |
| TRADE REFERENCE COMPANY NAME #3 | | | ACCOUNT NUMBER |
| ADDRESS | CITY | STATE | ZIP CODE |

Jacobs Petroleum Products Account Agreement

The information set forth in the account application is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorized JPP to investigate all references and customary credit information sources including consumer credit report in repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

Credit Terms: All invoices are due in full per the terms printed on the invoice or as otherwise expressly agreed. A finance charge of one and one half percent (1.5%) per month or 18% per annum, or the maximum allowable by state law, may be assessed on delinquent invoices. JPP reserves the right to change its credit terms at any time. New credit terms may be applied to the existing balance on your account unless prohibited by law. COD restrictions may be placed on past due accounts.

Venue, Attorney Fees, and Cost: In the event of default, and if this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay all reasonable attorney's fees and/or costs of collection whether or not suit is filed. Venue for any action arising out of or in any way connected to this agreement, at JPP's option, shall lie in Greene County, PA.

Applicant's signature attests to financial responsibility, ability and willingness to pay in accordance with above terms.

BUSINESS ACCOUNT SIGNATURES

Firm Name _____

By _____

By _____

Title _____

Title _____

INDIVIDUAL ACCOUNT SIGNATURES

Signature _____

Print Name _____

Date _____

Signature _____

Print Name _____

Date _____

Personal Guarantee

For valuable consideration, the receipt of which is acknowledged, including, but not limited to, the extension of credit by JPP to the above-named Company/Individual, the undersigned, as Guarantor, individually, jointly, and severally, unconditionally guarantee(s) JPP the full and prompt payment of all obligations which said Company/Individual may presently or hereafter owe JPP and payment when due of all sums presently or hereafter owing by the Company/Individual to JPP. Guarantor agrees to indemnify JPP against any losses JPP may sustain and expenses incurred in collecting or compromising any indebtedness guaranteed hereunder or in enforcing this guaranty against guarantor. This shall be a continuing Guaranty, Presentation, Demand, Protest, or notice of any kind is waived; it shall remain in full force until guarantor delivers to JPP written notice revoking it as to indebtedness incurred subsequent to such delivery. Such delivery shall not affect any of the guarantor's obligations hereunder with respect to indebtedness incurred prior to delivery of such notice.

The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby to and authorizes the use of a consumer credit report on the undersigned, by JPP from time to time as many be needed in the credit evaluation process.

Signature _____

Print Name _____

Date _____

Signature _____

Print Name _____

Date _____



**EZ Pay Form
AUTHORIZATIONS AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**



NAME: _____

I, hereby authorize JACOBS PETROLEUM PRODUCTS, INC., hereinafter called COMPANY, to initiate Debit entries to my (our) Checking account indicated below, at the depository named below, hereinafter called DEPOSITORY, to Debit (Withdraw) the same from my (our) account.

DEPOSITORY NAME: _____

CITY, STATE, ZIP: _____

ABA ROUTING NUMBER:

(Must be 9 digits)

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

| Office Use Only: | |
|-------------------|---------------------|
| JPP Individual | O.Oil Individual |
| JPP Budget | O.Oil Budget |
| Fleet Fueling | |

This authorization is to remain in full force and effect until COMPANY 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 on it.

FEIN NUMBER: _____

SIGNED: _____

DATE: _____

PRINT OR TYPE NAME: _____

TITLE: _____

WITNESS: _____

DATE: _____

PRINT OR TYPE NAME: _____

Please attach a copy of a voided check to assure proper Bank information.

Where do you want us to send ACH Acknowledgments:

COMPANY NAME: _____

EMAIL: _____

Or

FAX# _____

ATTENTION: _____

NOTE: THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE COMPANY IN WRITING AT:
1115 E. HIGH STREET, WAYNESBURG, PA 15370

New Customer Questionnaire for Credit

Explain to us who you are and what your company does:

What products will you need?

Will you need tanks? Size?

Where will deliveries be made?

How did you hear about us?