

NEW CUSTOMER APPLICATION

Company Information

Who at Feece sent you the form?

| Name of Business: | | | FEIN #: | | |
|--|---|---|--|---|--|
| Type of Business: | | | In Business Since: | | |
| Owner Name: | Under Current Ownership Since: | | | | |
| Contact Person: | | Email for Invoices: | · | | |
| Tax Exempt Circumstances | Resale (CRT-61): | Distributor: | ST-587: | Other: | |
| (Please attach appropriate documentation) | | | | | |
| Billing Address: | | | | | |
| City: | State: | Zip: | Phone: | | |
| Delivery Address: (If multiple, please attach) | | | | | |
| | State: | Zip: | Phone: | - | |
| References | | | | | |
| Bank Name: | | | Phone: | | |
| Checking Account: | | Savings Account: | | | |
| Trade Reference: | | Phone: | Fax/Email: | | |
| Trade Reference: | | Phone: | Fax/Email: | | |
| Trade Reference: | | Phone: | Fax/Email: | | |
| Additional Information | | | | | |
| Estimated Annual Purchase Volume: | | Credit Line Requested: | | - | |
| What will you purchase: | On-Road Diesel: | Off-Road Diesel: | Gasoline: | Lubricants: | |
| Off-Road Diesel Intended Use: | | If Other: | | | |
| Type of Company: | | - | - | | |
| Payment Information | | | | | |
| Your Feece Oil invoices will be paid by EFT/ACH. Please complete | Page 2. | | If you do not want this payme please check here | ent method, | |
| Accounts Payable Contact: | | | рієває спеск него | | |
| Phone: | | Email: | | | |
| If choosing to pay by credit card, please complete Page 2. | | | | | |
| Terms: Net 30 Days unless otherwise specified. Accounts past due | will incur a delinque | ency charge of 1.5% per n | nonth (18% annually) or termina | ation of delivery. | |
| By signing this document, I authorize Feece Oil Compar | · · | · - | • | - | |
| Customer Signature | | | Date | | |
| Personal Guarantee | | | | | |
| To induce Feece Oil Company to extend credit to the Applicant and payment when due of any and all indebtedness which may at any t successor thereof. All prior notice of default and demand for paymextend, modify and/or compromise any indebtedness without notice hereunder. This guarantee shall continue in full force and effect ur of revocation by registered or certified mail. Such notice of revocation mitment previously undertaken by you. | time and from time t ment are hereby waiv ice to the undersigne ntil such time as Feed | to time be owing to Feece ived. Feece Oil Company sl ed and without in any wise ece Oil Company shall have | e Oil Company by the the said Ap shall have the unrestricted right se affected the obligation of the re received from the undersigned | pplicant or any to renew, undersigned d written notice | |
| Owners Name (Please Print): | | Signature: | | | |
| Home Address: | | | | | |
| City: | State: | Zip: | Date: | | |



PAYMENT INFORMATION

Authorization Agreement for Automatic Payment (PLEASE ATTACH A VOIDED CHECK)

| Applicant Name. | | | FEIIN # | |
|--|--|--|---|----------------------------|
| I (we) hereby authorize Feece Oil Company to initiate debit: Feece Oil Company as the payee. I (we) agree that Feece Oi | . , , | • | • | named below, with |
| Bank Name: | | Branch: | | |
| City: | State: | Zip: | Email: | |
| Routing Number: | | Account Number: | | |
| This authorization allows Feece Oil Company to debit or created acknowledged and accepted that Feece Oil Company may dour) incurring an obligation to Feece Oil Company. I (we) a ln the event a debit is show to have been made in error, Fee | ebit my (our) account o gree to and authorize p | n or before the due date d ayment of a \$35.00 charge | efined by the terms of crede for any draft returned un | lit signed prior to my |
| This authorization is to remain in full force and effect until F such time and in such manner as to afford Feece Oil Compa | | | | (us) of its termination in |
| Invoices will serve as pre-notice for each funds transfer sche | eduled for the invoice du | ue date. | | |
| Print Your Name: | | | | |
| Signature: | | | Date: | |
| You authorize charges to your Credit Card after each deliven payment will be provided to you at the email address you p | ry. You will be charged | • | cts and/or fuel received. A | receipt for each |
| I authorize I | Feece Oil Co. to cha | rge my Credit Card be | low for all deliveries t | nat I request. |
| By signing this form, you give us permissio | n to debit your acco | ount for the total amo | ount of the sale after e | ach delivery. |
| Credit Card Information: | Visa | MasterCard | AMEX | Discover |
| Billing Address: | | | Phone: | |
| City: | State: | Zip: | Email: | |
| Cardholders Name | | Credit Card Numl | per | |
| Expiration Date | | | Security Code (CV\ | /) |
| Signature | | | Date | |
| | | | | |

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PLEASE VISIT OUR WEBSITE AT

www.feeceoilfuel.com



