

MERLE BOES INC.
BUSINESS CREDIT APPLICATION

(Please print or type)

Date: _____ Account # _____

Business Name: _____ Salesperson: _____

Street Address: _____ City, State, Zip: _____

Mailing Address (If different than street address): _____

Business Telephone: _____ Business Fax: _____ Years in Business: _____

Corporation: _____ Partnership: _____ Limited Liability Company: _____ Sole Proprietor: _____

Type of Business: _____ FIN or SS#: _____ Dun & Bradstreet #: _____

Have you ever filed bankruptcy? _____ If so, when? _____

***All invoices will be sent by fax unless an email address is provided: _____

PRODUCTS YOU WISH TO PURCHASE

	<u>Tank Size</u>	<u>Monthly Volume</u>		<u>Tank Size</u>	<u>Monthly Volume</u>
_____ Gasoline	_____	_____	_____ Motor oil	_____	_____
_____ On Road Diesel	_____	_____	_____ Industrial Oil	_____	_____
_____ Off Road Diesel	_____	_____	_____ Services	_____	_____
_____ Kerosene	_____	_____	_____ 140 solvent	_____	_____
_____ Mineral Spirits	_____	_____	Other _____	_____	_____

Sales Tax Exempt? Yes ___ No ___ State Road Tax Exempt? Yes ___ No ___ Federal Tax Exempt? Yes ___ No ___
(If exemption claimed, a copy of your exemption form must accompany this application)

Amount of credit requested \$ _____ . If the amount of credit requested exceeds \$10,000.00, financial statements must accompany this application.

PROPRIETOR/OFFICERS OF CORPORATION

Name _____
Address _____
City, State, Zip _____
% of Ownership _____
Title _____

Name _____
Address _____
City, State, Zip _____
% of Ownership _____
Title _____

Name _____
Address _____
City, State, Zip _____
% of Ownership _____
Title _____

Name _____
Address _____
City, State, Zip _____
% of Ownership _____
Title _____

BANK REFERENCE

Bank Name: _____ Person to Contact: _____

Address: _____ Telephone No.: _____

City, State, Zip: _____ Account No.: _____

TRADE REFERENCES

(Please print or type)

Company Name: _____ Person to Contact: _____

City, State, Zip Code: _____

Telephone No: _____ Fax No: _____

Company Name: _____ Person to Contact: _____

City, State, Zip Code: _____

Telephone No: _____ Fax No: _____

Company Name: _____ Person to Contact: _____

City, State, Zip Code: _____

Telephone No: _____ Fax No: _____

PETROLEUM TRADE REFERENCES

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone No.: _____

Telephone No.: _____

Fax No.: _____

Fax No.: _____

APPLICANT CERTIFICATION, AUTHORIZATION AND GUARANTY

I hereby certify that the above information is true and accurate and that I am authorized to bind the applicant to the terms of the Business Credit Application and the terms of subsequent purchases of petroleum products from Merle Boes Inc. Merle Boes Inc. is hereby authorized to contact any of the above trade references and conduct credit checks of the applicant and/or its officers as it deems necessary. In the event the applicant fails to pay any amount due Merle Boes Inc. under the terms of this account, applicant agrees that in addition to the amount due on the account, Merle Boes Inc. shall be entitled to recover the maximum allowable rate of interest on the amounts due, together with its costs of collection, including its attorney's fees. Billings shall be issued for every delivery and payment is due in full 15 days of invoice date for fuels and 30 days for lubricants. Not with standing that this account is established in the name of a company, I personally guarantee payment of the account.

Signed By: _____

Date: _____

Please fax this application to 616-392-5041 or mail to the following address:

Merle Boes Inc.
Attn: Credit Department
P.O. Box 1887
Holland, MI 49422-1887