

POWELL-CHRISTENSEN INC

HOME OFFICE -R.E. POWELL DISTRIBUTING - PO BOX 98, GRANDVIEW, WA 98930 - -(509) 882-2115-FAX (509) 882-2197;
SEATTLE - (206) 622-5650 - fax (206) 622-6108; - WALLA WALLA, WA (509) 525-8180 FAX(509) 522-0480
YAKIMA - (509) 453-3191-FAX (509) 453-0141-PASCO (509) 547-6122 FAX (509) 547-1687

WHOLESALE MOTOR FUEL CREDIT APPLICATION

CREDIT LIMIT REQUESTED: _____

BUSINESS NAME _____

E-MAIL : _____

PLEASE READ AND SIGN:

BILLING ADDRESS (NUMBER, CITY & STATE) _____

I/we authorize you to obtain such information as you may require concerning the statements made in this application, and agree that the application shall remain your property whether it is approved or not.

PHYSICAL ADDRESS (NUMBER CITY & STATE) _____

I/we consent to information concerning this application, or this account, being given to credit reporting agencies, or other creditors. I/we agree to provide a current, verifiable financial statement if requested. I/we agree to execute a personal guaranty if requested.

PHONE # _____ FAX# _____

I/we understand that the terms of this account are indicated on the face- with the balance to be paid in full within this time constraint whichever it may be.

BUSINESS TYPE:

I/we agree to pay a finance charge computed by the periodic rate of 1.5% per month, with a minimum of \$1.00 on all balances out of terms. This is an annual percentage rate of 18%. The closing dates of each statement know as the billing cycle is shown on each statement. If any balance is not paid by the second billing cycle, the account may be sold C.O.D.

PROPRIETORSHIP _____ PARTNERSHIP _____
CORPORATION _____ LLC _____

In the event of collection, lawsuit or other legal proceedings, venue and jurisdiction shall be in Yakima County, WA.

PARENT COMPANY _____

IDENTIFICATION NUMBERS *

Powell-Christensen Inc, etl, may, where provided by chapter 60.04 R.C.W., laws of the State of Washington, exercise certain material man's lien rights, or may, under the Uniform Commercial Code, or any applicable Uniform Consumer Credit Code as covered in state law, file a financing statement if the nature of the transaction or the material involved indicates.

FEDERAL ID# _____

STATE UBI # _____

FUEL(TANK) # _____

Note* these identification number are required

OWNER/PRINCIPAL INFORMATION

PRINCIPAL/OWNER _____

X _____ DATE _____

SOCIAL SECURITY # _____

X _____ DATE _____

PRINCIPAL/OWNER _____

SOCIAL SECURITY # _____

**** SEE TERMS OF THIS ACCOUNT BELOW****

THE ABOVE INDIVIDUAL(S) WHO IS EITHER A PRINCIPLE OF THE BUSINESS OR A SOLE PROPRIETOR OF THE BUSINESS RECOGNIZES THAT HIS OR HER INDIVIDUAL CREDIT HISTORY MAY BE A FACTOR WITH THE EVALUATION OF THE CREDIT HISTORY OF THE BUSINESS; HEREBY CONSENTS TO AND AUTHORIZES THE USE OF A CONSUMER CREDIT REPORT WITH THE INITIALS BY THE ABOVE ,AT THIS TIME AND FROM TIME TO TIME AS MAY BE NEEDED, IN THE CREDIT EVALUATION PROCESS.

PERSONAL GUARANTY*required

In consideration of granting credit to the above applicant, hereinafter referred to as "Customer", any subsidiaries of Customer or any Corporation or LLC related to Customer through common ownership, the undersigned Guarantors hereby each individually guarantee, unconditionally, the payment of any and all sums hereafter owing by Customer to Company by reason of such sales, as well as service charges, interest or any other sums due Company by Customer, waive notice of default and all defenses of sureties other than substantive defenses available to Customer, and agree that any bankruptcy, receivership or other insolvency proceeding of Customer shall not affect Guarantor's obligation hereunder, and further agree that as to each Guarantor, this Guaranty shall be binding as to all credit advanced Customer prior to any termination notice. If this Guaranty is placed in the hands of an attorney for collection, the Guarantors agree to pay all attorneys' fees and collections costs and if suit is filed, pay all allowable court costs. The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation on this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by the above names business credit grantor, from time to time as may be needed, in the credit evaluation process. (Please sign as individuals ONLY)

INITIALS OF THE ABOVE PARTIES _____

BANK INFORMATION

NAME OF BANK _____

BRANCH _____

ACCOUNT # (s) _____

PHONE # _____ LOCATION (city) _____

YOUR BANKING OFFICER _____

CREDIT REFERENCES

CO. NAME _____

PHONE# _____

CO. NAME _____

PHONE# _____

* CO. NAME _____

PHONE # _____

*PREVIOUS FUEL SUPPLIER _____

(OR CURRENT)

Previous Business Name (if any) _____

X _____
DATE _____

X _____
DATE _____

Salesman _____ Product _____ Site _____

Wholesale/Tanker loads- Terms = LOAD TO LOAD OR 10 DAYS - WHICHEVER IS FIRST