



We appreciate you taking the time to fill out our customer applications. We understand that you are taking a significant amount of time to provide us with this information.

The Seller shall at all times hold in confidence and shall not, whether by itself or its employees, servants and/or agents, divulge to any third party or parties any information (such information shall be inclusive of but not limited to correspondence, reports, financial statements, billings, delivery orders, contracts, pricing, delivery volumes, stock level and customers particulars) on any business dealings or business affairs and transactions covered. Any financial statements will be held in strict confidence and will only be used in the evaluation of credit and no other purpose, viewed by only the CFO and Director of Finance by Seller. No other employee, family member, servants and/or agents will have access to these financial statements.

We look forward to providing you and your company with service above and beyond what you would expect from a fuel supplier.

The following is a checklist of items that must be completed in order for Wallis to establish a credit line for your account that will fit your company needs. To facilitate a prompt review by Wallis, please include all requested information. If you have any questions concerning the applications, please contact your sales representative directly or the credit department at 1-877-4-WALLIS.

When you have completed the applications, you may fax them to (636) 549-1522 or send via email to the credit department at creditdepartment@mail.wallisco.com.

- Completed Customer Credit Application with signatures on Page 3
- Completed Customer Information form
- Completed and signed Electronic Funds Transfer agreement
- Please include the following with your application:
 - Copy of most recent two year financial statements
 - Copy of tax exemption certificates (if applicable)

We are looking forward to doing business with you!

Thank you!



Wallis Companies
 106 East Washington, Cuba, MO 65453
 Phone: 1-877-4-WALLIS
 Fax: 636-549-1522
 Email: creditdepartment@mail.wallisco.com

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Credit Application

Legal Business Entity	<input type="text"/>	Submission Date	<input type="text"/>
Terms Requested	<input type="text"/>	Credit Limit Requested	<input type="text"/>

Legal Business Entity Information

Street Address

City State Zip

Phone () Fax ()

Email

Form Instructions

Upon form completion, please print, sign, email, fax, or mail to Wallis Companies.

Individual Company Partnership Corporation FEIN #

State Incorporated Years in Business

Principal or Legal Business Entity Filed Bankruptcy In The Last 7 Years Yes No

Business Ownership Information

1. Name of Principal(s) Social Security #

Address

City State Zip

Email Address

Phone ()

Fax ()

2. Name of Principal(s) Social Security #

Address

City State Zip

Email Address

Phone ()

Fax ()



Credit Application

Financial Institution Information

Bank Name Fax

Contact Name Phone

Address

City State Zip

Trade References

Fuel Reference:

Business Name Phone

Contact Name Fax

Address

City State Zip

Business Reference:

Business Name Phone

Contact Name Fax

Address

City State Zip

Business Reference:

Business Name Phone

Contact Name Fax

Address

City State Zip



Credit Application

Authorization to Conduct Credit Verification and Release

Wallis Oil Co., Inc. and its affiliated companies, and their respective shareholders, members, managers, officers, agents, employees, contractors, consultants and representatives (all collectively referred to herein as "Wallis") are hereby authorized to obtain verification of information and to make any investigations and inquiries from any source, (all such searches, inquiries and investigations being collectively referred to herein as the "Credit Application Verification"). The undersigned hereby releases, discharges and exonerates any person or entity providing information to Wallis in connection with the Credit Application Verification and any recipient of such information, including Wallis, from any and all liability of every nature and kind arising from or in connection with the furnishing, receipt, and review of such information. The undersigned hereby acknowledges and agrees that (i) the credit hereby applied for is conditioned upon Wallis' approval, in Wallis' sole discretion, of this credit application and the Credit Application Verification, (ii) Wallis shall have the right, upon Wallis' determination of reasonable grounds for insecurity, to revoke credit, demand payment in full, and/or reduce the credit line amount, and (iii) if collection or legal action is deemed necessary by Wallis to receive monies owed, the imposition of reasonable fees, including legal fees, shall also be charged to and paid by the undersigned. The undersigned hereby represents and warrants that the information provided in this application is true and correct as of the date hereof. By signing below, I hereby acknowledge and represent that I have read and fully understand the terms hereof, and am duly authorized to act on behalf of the undersigned.

Legal Business Entity

Signature of Owner or Officer: _____ Title _____

Printed Name _____ Date _____

Representations

The undersigned Guarantor hereby absolutely and unconditionally promises and agrees to make prompt payment of all credit now or hereafter made by Wallis to the above entity, including, but not limited to all overdrafts and of any and all other claims and obligations of every kind and character of such entity to Wallis (hereinafter referred to in the aggregate as "Obligations"). This is understood and intended to be a continuing promise and agreement and shall apply to and cover any and all Obligations due or which may hereafter become due from such entity to Wallis. When any such Obligations shall become and remain due and unpaid, Guarantor will, on demand, pay the amount due thereon. Notice of the making, renewing, or extending of any such Obligations, protest or nonpayment thereof, and notice of acceptance hereof, are hereby expressly waived. Guarantor expressly agrees to pay Wallis' cost of enforcing this guaranty.

Guarantor Signature _____

Guarantor Name _____

Guarantor Title _____ Date _____

To complete this application, please attach copies of your last two year-end financial statements. Thank You.



Wallis Companies
 106 East Washington, Cuba, MO 65453
 Phone: 573-885-2277
 Fax: 636-549-1522
 Email: creditdepartment@mail.wallisco.com

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Customer Information

Legal Business Entity

Submission Date

Tax Information

FEIN #

Federal Exemption Yes No

State Exemption Yes No

Proof of Exemption Certificate Required

State Tax ID Missouri

Illinois

Kansas

Are you a Licensed Distributor? Yes No

Missouri Dist. #

Illinois Dist. #

Form Instructions

Upon form completion, please print, sign, email, fax, or mail to Wallis Companies.

Contacts

Billing Contact Name Title

Street Address Phone

Fax

City State Zip

Email

Billing Notification (invoices and/or drafts) Web Email

Pricing Contact Name Title

Street Address Phone

Fax

City State Zip

Email

Pricing Notification Web Email



Customer Information

Shipping Information

Delivery Location 1

Address
 Phone ()

City State Zip Fax ()

Contact Name

Email Address

Tank Configuration

Tank #	Product	Gallon Capacity	Above Ground	Below Ground
1	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

Delivery Location 2

Address
 Phone ()

City State Zip Fax ()

Contact Name

Email Address

Tank Configuration

Tank #	Product	Gallon Capacity	Above Ground	Below Ground
1	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>



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Electronic Funds Transfer (EFT) Authorization Agreement

Legal Business Entity Submission Date

Street Address

City State Zip

Form Instructions
 Upon form completion, please print, sign, email, fax, or mail to Wallis Companies.

Bank Account Information

Bank Name

Street Address

City State Zip

Name on Account (If different)

Bank ABA Number Account Number

Type of Account: Checking Saving

Authorization and Signature

Legal Business Entity ("Customer") does hereby authorize Wallis to initiate ACH debit entries to the Customer's account indicated above, and does further authorize the financial institution named above to debit such entries to the Customer's account. This authority will remain in effect until Wallis is notified by the Customer in writing to cancel it in such time as to afford Wallis and the Customer's Bank a reasonable opportunity to act on it.

Authorized this _____ day of _____ (month) _____ (year)

By: _____

Printed Name: _____ Title _____

A VOIDED CHECK OR BANK CONFIRMATION LETTER WITH ABA AND BANK ACCOUNT NUMBER IS REQUIRED TO COMPLETE AUTHORIZATION AGREEMENT

