

CREDIT TERMS AND CONDITIONS

HOW DO WE APPLY FOR CREDIT?

- All prospective customers, regardless of size, must complete and submit an application for a new account. Completed forms are to be faxed to Orange Line Oil Company office at (909) 622-9863.
- Resale customers are required to fill out the California Resale Certificate, AND the original resale certificate issued by the state, and fax to our office before you can take your first delivery. Without a resale card, sales tax will be charged on your order, and you will be responsible to get the tax back from the California State Board of Equalization.
- Even D&B rated major corporations must apply for an open account. This provides us with a billing address, purchase contact(s), delivery points, etc. *NOTE: This data is essential to efficient servicing of your account.*

WHEN CAN WE PLACE OUR FIRST ORDER?

- Allow 2-3 business days for your new account to be established before your order can be placed.
- If you need to place an immediate order, we may be able to make special arrangements. Contact the Orange Line Oil Company office at (909) 623-0533.
- Deliveries will be made within 2 business days (within a 50 mi. radius) if order is called in by 2pm.

WHAT PAYMENT METHODS DO YOU ACCEPT?

- **Cash**
- **Check** – see section below on **NSF (Not Sufficient Funds)**
- **ACH** -- electronic payment processing.
- **VISA/MC/AMEX/Discover** – We offer four payment options: One-Time Charge; Day After Delivery charge; 10th Day of Every Month charge; and 30th Day of Every month charge. Complete and fax the applicable *Authorization to Charge* form, and fax to Orange Line Oil Company office at (909) 622-9863. *NOTE: we do not offer the prompt payment discount of 1% with credit card payments. A 2.5% convenience fee will be added to all credit card transactions.*

WHAT ARE THE CREDIT TERMS?

- *Terms of Sale Are: 1% - 10 days, Net 30 on approved credit (Oil accounts).* The 1% - 10 days is for a prompt payment discount. Discounts taken will not be allowed when your payments is received in our office over 10 days from date of invoice. **Not available for credit card customers and not available for COD customers. Equipment accounts are Net 30 if approved.**
- *Accounts must be kept current* in order to ensure further deliveries on open account to your company. Our credit department monitors all past due invoices.
 - * *10 days past due* - Accounts Receivable sends out reminder calls of past due invoice(s).
 - * *15 days past due* – Accounts Receivable continues calls and contacts your territory Sales Representative for assistance in collecting past due invoice(s).
 - * *30 days past due* – Account is placed on credit hold.

NSF (NOT SUFFICIENT FUNDS) – HOW IS THIS HANDLED?

- *NSF checks are handled as follows:*
 - * Your first NSF check -- results in a \$25.00 service charge and a courtesy call will be made for further direction.
 - * On your second NSF check -- your credit terms change from 1% - 10 days, Net 30 to COD. In addition you will be asked to make good on the check, as well as being charged a \$25.00 service charge.
 - * On your third NSF check -- your terms change from COD, to COD cash only. In addition, you will be asked to make good on the check, as well as being charged a \$25.00 service charge.

We appreciate your patronage and do our best to service all our accounts in a prompt manner. Slow payment practices are Orange Line Oil Company's only reason for delaying the products *which you need to operate your business.*

WE LOOK FORWARD TO SERVING YOU!

REVISED: 6/27/2016



CONFIDENTIAL NEW ACCOUNT APPLICATION

HOW DID YOU HEAR ABOUT US (REP NAME, WEBSITE, REFERRAL)? _____

LEGAL NAME: _____ DBA: _____

BILL ADDR: _____ SHIP ADDR: _____

CITY, ST, ZIP: _____ CITY, ST, ZIP: _____

TEL: _____ FAX: _____

PARENT CO: _____ PARENT CO TEL: _____

ADDR: _____ CITY: _____ ST: _____ ZIP: _____

E-Mail (REQUIRED): _____

Federal Tax ID _____ (Required if a Corporation)

CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____

PRESIDENT OR OWNER NAME: _____ CONTROLLER OR PARTNER NAME: _____

ADDR: _____ ADDR: _____

SS#: _____ SS#: _____

ACCTS. PAYABLE CONTACT: _____

RESALE? (Y/N) _____ RESALE #: _____ YEARS IN BUSINESS (REQUIRED) _____

BANK: CHECKING: _____ BRANCH: _____

ACCOUNT #: _____ TEL NO: _____

DUNN & BRADSTREET #: _____

TRADE CREDIT REFERENCES (MUST HAVE 4 REFERENCES. NO PARTS STORES PLEASE):

NAME _____	NAME _____
ADDR _____	ADDR _____
TEL NO _____	TEL NO _____
NAME _____	NAME _____
ADDR _____	ADDR _____
TEL NO _____	TEL NO _____

The undersigned, hereinafter referred to as customer, hereby authorizes the above named bank, trade, and /or credit references to release any such information as may be deemed necessary to establish credit with Orange Line Oil. In the event applicant is a corporation, the undersigned hereby authorizes Orange Line Oil to investigate personal credit information, as well as business credit information. Customer hereby agrees to pay all purchases from Orange Line Oil upon delivery, or on such other terms as may be offered subsequently by Orange Line Oil, in writing. All accounts past due thirty-days are subject to a 1.5% late fee, per month. Customer hereby agrees to pay any such fees that are incurred. Customer agrees to pay any reasonable attorney's fees and costs, or any other costs incurred by Orange Line Oil in connection with collection of past due amounts for purchases by customer from Orange Line Oil. In the event customer is a corporation, the undersigned individual hereby acknowledges a personal guarantee of all obligations to Orange Line Oil. Customer hereby acknowledges that Orange Line Oil retains a security interest in all products until charges are paid in full.

Signed: _____ Print Name and Title: _____ Date: _____

PROJECTED CREDIT NEEDS: \$ _____ /MO ESTIMATED MONTHLY GALLONS: _____ /MO

Revised: 3/22/2017

MUST PROVIDE A COPY OF THE ACTUAL RESALE/SELLERS PERMIT

California Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number: _____

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from _____ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER _____

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE _____

 PRINTED NAME OF PERSON SIGNING _____

TITLE _____

ADDRESS OF PURCHASER _____

TELEPHONE NUMBER _____

() DATE _____

Fax Back To (909) 622-9863

Attention: Ron

Date : _____

AUTHORIZATION TO CHARGE CREDIT CARD (VISA/MC/AMEX/DISCOVER)

*****Please note a 2.5% Convenience Fee will be added to the total*****

Account Name/Business Name: _____ Customer Number: _____

Card Number _____

Expiration Date _____ 3/4 Digit Security Code (Found on front/back of card) _____

Billing Address for Card: _____

City _____ State _____ Zip _____

Approved By (Signature): X _____ Print Name : _____

I authorize Auto-Pay one (1) day after delivery is made.

I authorize Auto-Pay thirty (30) days after delivery is made. (On Approved Credit)

I authorize Auto-Pay the 10th of every month for previous month's deliveries. (On Approved Credit)

I authorize ONE-TIME charge for the following invoices:

INVOICE(s) CHARGING:

<u>INVOICE</u>	<u>AMOUNT</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Invoice(s) Total _____ + 2.5% Convenience Fee _____ = TOTAL TO CHARGE _____

Would you like a copy of credit card receipt and paid statement faxed or mailed?

FAX #: _____ ATT: _____

MAILED E-MAIL _____

THANK YOU!

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

Company Name _____

Customer Number _____

I (we) hereby authorize Orange Line Oil, hereinafter called COMPANY, to initiate **debit** entries to my (our) () **Checking** () **Savings** Account (*select one*) indicated below, at the depository financial institution named below, hereinafter called DEPOSITORY and to **debit** the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

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 FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name: (first & last) _____

(Please Print)

Signed X _____

Date _____

(CHOOSE AND INITIAL the option you want)

- A. One Time Payment of \$ _____, _____ *(Initial)*
- B. Standing Authorization for statement balance to be charged on the 10th of every month (on approved credit) _____ *(Initial)*
- C. 1% 10 (10 days after delivery) (on approved credit) _____ *(Initial)*
- D. Payment processed day after delivery _____ *(Initial)*
- E. Payment processed 30 days after delivery (on approved credit) _____ *(Initial)*

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH a voided check from the account where the debit is to be placed.