

### **CUSTOMER APPLICATION AND AGREEMENT**

| INSTR              | UCTIONS: Complete all fields:                    |   |                     |                     |  |
|--------------------|--|---|---------------------|---------------------|--|
| Legal Entity Name: |  | (" <u>Customer</u> ") Federal Tax ID (F | EIN):               | DUNS #.:            |  |
| Trade              | Name (if any):                                   | Year Established: N                     | let Worth:          | _ No. of Employees: |  |
| Name               | & Address of Parent Company (if any):            | State                                   | Type of Business: _ |                     |  |
| Billing            | Address:   | City:                                   | State:              | Zip:                |  |
| Physic             | al Address (no PO Boxes):                        | City:                                   | State:              | Zip:                |  |
| Are yo             | u Tax Exempt? Yes $\square$ No $\square$ If YES, | attach Exemption Certificate State      | e Tax ID No         |                     |  |
| Estima             | ited Monthly Fuel Usage:                         | Estimated                               | Credit Limit:       |                     |  |
|                    | ame:ence Address:                                |   |                     |                     |  |
| Last Na            | ame:   | First Name:                             |                     | MI                  |  |
|                    |  | ·                                       |                     | ·                   |  |
|                    | Phone: () Cell: (                                |   |                     |                     |  |
| Title: _           | Owne   | ership %: Period of Ownersl             | nip:                |                     |  |
| *Attach            | n Additional Information for Other Owners or Pa  | artners (if any)                        |                     |                     |  |
| Have y             | ou or any officers of the Customer transac       | ted any business with JRP? Yes          | No □                |                     |  |
| If YES,            | , please furnish the name of the company and     | the date:                               |                     |                     |  |
|                    |  |   |                     |                     |  |
|                    |  |   |                     |                     |  |
|                    |  | REDIT REFERENCES - PREFER LOCA          |                     |                     |  |
| 1)                 | Company Name:                                    |   |                     |                     |  |
|                    | Street Address:                                  |   |                     |                     |  |
| 2)                 | Company Name:                                    |   |                     |                     |  |
|                    | Street Address:                                  |   |                     |                     |  |
| 3)                 | Company Name:                                    | Contact Name:                           | Ph:                 | :                   |  |
|                    | Street Address:                                  | City:                                   | State:              | Zip:                |  |

\*Customer authorizes James River Petroleum, Inc. ("JRP") to (a) contact the credit references to obtain information related to Customer's accounts, (b) obtain information regarding Customer's credit history from any commercial or consumer reporting agency or trade organization, and (c) release information regarding Customer's account with JRP to such credit references and reporting agencies.



## **BANK ACCOUNT INFORMATION**

| Customer Address:  | City:  | Sta  | te:  | Zip:   |
|--|--|--|--|--|
| Primary Accounting Client  | Ph: ()   | Email:   |  |  |
| Bank Name:   | ("Bank") Bank Contact:   |  |  |  |
| Bank Address:  | City:  |  | State: _   | Zip:   |
| Phone: () Fax (if avail  | lable): ()   |  |  |  |
| Customer's Bank Account No:  | Bank Routing Transit No  | (ABA):   |  |  |
|  | ustomer agrees the payment terms will be Nearkway, Suite 100, Ashland, Virginia 2300   | )5.  |  | J  |
|  | returned payment, and any collection costs   | including reasonabl  | e attorne  | ey's fees.   |
| <ul> <li>Customer grants to JRP a purchase mon authorized to take any action to perfect its</li> <li>Customer certifies that the information procustomer agrees to pay for all products a policies, and as such policies may chang where JRP's corporate office resides shall</li> <li>Pending the results of a credit check additional customer hereby agrees to these terms are</li> </ul>   | returned payment, and any collection costs<br>ney security interest in all products purchase<br>purchase money security interest in accord<br>ovided herein is true, correct and complete<br>and services ordered, and any applicable for<br>pe from time-to-time in JRP's sole discretion<br>be the proper venue for any action brough<br>ional security may be required.   | s including reasonabled or received and lance with applicable and that no relevales, upon extending on. Customer furthe pursuant to this Agr                           | e attorne<br>any pro<br>law.<br>nt inform<br>any crec<br>r agrees<br>eement. | ey's fees. ceeds therefrom. Ji nation has been om dit agrees to JRP's o s that the City or Co        |
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# **ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION ADDENDUM**

| Customer Name (As shown on Bank Account):_   |  |                                |                                |
|--|--|--------------------------------|--------------------------------|
| Customer Address:  | City:  | State:                         | _ Zip:                         |
| Primary Accounting Client  | Ph: ()   | Email:                         |                                |
| Bank Name:   | ("Bank") Bank Contact:   |                                |                                |
| Bank Address:  | City:  | State: _                       | Zip:                           |
| Phone: () Fax (if avails   | able): ()  |                                |                                |
| Customer's Bank Account No:  | Bank Routing Transit No (/   | ABA):                          |                                |
| I(autho  | NIC FUNDS TRANSFER (EFT) A   |                                | se information regarding m     |
| account to James River Petroleum, Inc. (" <u>JRP</u> ").   |  |                                |                                |
|  | EFT TERMS AND CONDITIONS   |                                |                                |
| The Customer listed above hereby authorizes J listed above and the Bank to accept and to deta as well as electronic funds transfers will be initial.                                     | oit and/or credit the amount of such entries t   | o the Customer's account.      |                                |
| Cancellation of this authority shall occur thirty (Customer to terminate such authorization grante   |  | received written notification  | , via certified mail, from the |
| Funds will be drafted on the date due. If the dat due falls on a banking holiday, the account will be  |  |                                | previous Friday. If the date   |
| The Customer understands that drafts or transchecking account. The Customer agrees that insufficient funds charge will be charged to the C   | in the event funds are not available, the a  |                                |                                |
| The Customer agrees that if any debit or credit promptly research and rectify any incorrect chadue. The Customer agrees that JRP's sole lia Customer for any other damages, which may re | arges and make any necessary refunds or a ability shall be to correct the charge and r | dditional debits or credits to | o reflect the proper amoun     |
| The Customer understand and agrees that this are verified and operational.   | EFT Agreement will become effective as s   | oon as necessary banking       | network pre-authorizations     |
| EFT Authorization – Customer:  |  |                                |                                |
| Signature:   |  |                                |                                |
| Name:  |  |                                |                                |
| Title:   |  |                                |                                |
| Date:  |  |                                |                                |



#### CREDIT CHECK DISCLOSURE, AUTHORIZATION AND RELEASE

By signing this Credit Check Disclosure, Authorization and Release form (the "Form"), you are authorizing James River Petroleum, Inc. (defined herein as "JRP") to request and obtain your credit reports from a consumer reporting agency ("Reports"). JRP will use Reports solely for establishing and maintaining a credit relationship and for purposes related thereto ("Purposes"). The scope of this Form is all-encompassing and allows JRP to obtain from any outside organization any manner of Reports now and throughout the course of our credit relationship. Types of information obtained and/or verified may include: credit reports (past and present mortgage loans, credit lines, present and high balances, delinquencies and overall payment history, and any other credit extensions), Social Security Number verification, personal and business reference checks, licensing and certification checks, etc. If you are denied credit because of information in a Report, JRP will furnish you with a summary of your rights under the Fair Credit Reporting Act.

By my signature below, I acknowledge that I have read and understand this Form. I consent to the release of Reports to JRP in conjunction with my application and during our credit relationship. I hereby release and hold the vendor and JRP, its affiliated companies, and their officers, directors, and employees harmless from all liability with respect to the Reports, investigations, verifications, and/or any use of information relevant to Purposes. I also understand that information from my application or otherwise disclosed by me, whether before, during, or after establishing a credit relationship, if any, may be used for the Purposes. This Form, in original, faxed, photocopied, or electronic format, will be valid for any reports that may be requested by JRP hereunder. I understand that providing false information, omitting any material information or in other communications for my request shall be sufficient grounds to reject the application and/or terminate any credit relationship whenever discovered. I will reimburse JRP for the cost of any Reports and I authorize JRP to apply such charges to my account with JRP.

| First Name                        | Middle   | Last Name   | Suffi | х              | Maiden Name (if applicable)           |
|-----------------------------------|----------|---|-------|----------------|---------------------------------------|
| Social security number (require   | d)       | Driver license # / state of issua                                     | nce   | Aliases        |                                       |
| Date of birth (for ID purposes or | nly)     | Daytime Phone #   |       | Email Addres   | ss                                    |
| Present Physical Address (no P    | O Boxes) |   |       |                |                                       |
| City/State/Zip                    |          |   |       |                | (Month/Year) to (Month/Year)          |
|                                   |          | Present Address for less than 1 years, dates of residence for each ac |       | address inform | nation for the past 2 years, includir |
|                                   |          |   |       |                |                                       |
| Signature:                        |          |   |       |                |                                       |
| Title:                            |          |   |       |                |                                       |
| Date:                             |          |   |       |                |                                       |



# **COMPANY CONTACT INFORMATION**

If there are different contacts for multiple delivery locations, please provide each contact for their respective location

| Department        | Contact Name | Contact Phone Number | Contact Email |
|-------------------|--------------|----------------------|---------------|
| Accounts Payable  |              |                      |               |
| Delivery          |              |                      |               |
| Emergency Contact |              |                      |               |