



ATLAS OIL, INC.
 24501 Ecorse Road
 Taylor, MI 48180
 Main: (800) 878-2000
 Fax: (313) 731-0264
 www.atlasoil.com

MASTER ACCOUNT NUMBER	SALES REPRESENTATIVE
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BUSINESS CREDIT APPLICATION

DATE RECEIVED: _____

Thank you for your interest in Atlas Oil, Inc. We appreciate the opportunity to be of service to you. To help us establish credit terms for you, we request that you execute this Application and Agreement and furnish us with the names and addresses of at least three (3) references with whom you have credit terms of equal value or greater than the credit terms requested, latest financial statements (if credit terms will be over \$20,000) and a bank reference. Product on credit terms will not be delivered until the credit review process is complete, which is typically 3-4 business days.

NAME/ADDRESS	FULL LEGAL NAME		E-MAIL ADDRESS			
	BILLING ADDRESS		CITY	STATE	ZIP CODE	
	SHIP TO ADDRESS (see attached if multiple sites)		CITY	STATE	ZIP CODE	
	CONTACT NAME	PHONE NUMBER	FAX NUMBER	WEBSITE		
LEGAL STRUCTURE	<input type="checkbox"/> Corporation	<input type="checkbox"/> Division <input type="checkbox"/> Subsidiary	NAME OF PARENT COMPANY		PHONE NUMBER	
			ADDRESS	CITY	STATE ZIP CODE	
	<input type="checkbox"/> Partnership	STATE	OFFICER #1	OFFICER #2	OFFICER #3	
	<input type="checkbox"/> Proprietorship	OWNER'S NAME		SOCIAL SECURITY NUMBER	HOME PHONE NUMBER	
		OWNER'S HOME ADDRESS		CITY	STATE	ZIP CODE
	TYPE OF BUSINESS		SALES TAX EXEMPT -- YES OR NO (ATTACH COPY OF EXEMPTION CERTIFICATE)			YEARS IN BUSINESS
FEDERAL TAX ID NUMBER		DUNS NUMBER	SIC CODE	PRESIDENT		
BANK & TRADE REFERENCES	NAME OF BANK		NAME OF BANK CONTACT		ACCOUNT NUMBER	
	PHONE NUMBER	MAILING ADDRESS OF BANK		CITY	STATE ZIP CODE	
	COMPANY NAME	ADDRESS		PHONE NUMBER	FAX NUMBER	
FINANCIAL STATEMENTS	[] ATTACHED		AUDITED	<input type="checkbox"/> YES <input type="checkbox"/> NO	TAX RETURNS <input type="checkbox"/> YES <input type="checkbox"/> NO	
	[] SENT DIRECTLY TO CREDIT DEPARTMENT					
	[] ATLAS OIL MAY REQUEST FROM:		NAME		PHONE NUMBER	

The information provided to Atlas Oil, Inc. on this application by the applicant(s) and any other information provided to Atlas, including any financial statement(s) is warranted to be accurate, complete, and true and shall be the property of Atlas. Atlas is authorized to investigate the applicant(s) credit and employment history and to answer questions about its credit experience with the applicant(s). If invoices are not paid when due, the applicant agrees to pay a late payment charge of 1.5% per month on the unpaid balance (Annual percentage rate of 18%) or the maximum rate allowed by law, whichever is less. Payments which are returned will be assessed a \$75 penalty. The applicant(s) agrees to pay any and all costs and expenses, including reasonable attorney fees, incurred by Atlas in collecting past due accounts. The applicant(s) hereby certifies and warrants that any credit extended as a result of this application will be used solely for business purposes and will not be used for personal, family, or household purposes. The undersigned certifies that he/she is authorized by company to bind said company to this agreement.

SIGNED: _____ TITLE: _____ DATE: _____
 Applicant and Signatory acknowledges receiving an exact copy of this Application, and in consideration of the granting of credit: (1) agrees and acknowledges that it contain Limited Warranties and Disclaimers; (2) agrees to be bound by the terms and conditions set forth in this Agreement; and (3) agrees that the person who signs this Application has the authority to do so on behalf of Applicant and/or parent company, and personally guarantees all present and future extension of credit. If you questions, please contact your sales representative.

GUARANTOR: _____ SOCIAL SECURITY #: _____ DATE: _____



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GENERAL INFORMATION

DATE RECEIVED:

Thank you for your interest in Atlas Oil, Inc. We appreciate the opportunity to be of service to you. To help us better understand your needs and service your account, the following information is needed. Please take the time to completely fill-out this section, so that Atlas Oil, Inc. can meet all of your needs.

TAX EXEMPTION	STATE SALES TAX	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> NON-EXEMPT	FORM SUPPLIED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	STATE EXCISE TAX	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> NON-EXEMPT	FORM SUPPLIED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	MICHIGAN UNDERGROUND TAX		<input type="checkbox"/> NON-EXEMPT	FORM SUPPLIED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	FEDERAL TAX	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> NON-EXEMPT	FORM SUPPLIED	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PLEASE NOTE THAT IF PROOF OF TAX EXEMPTION IS NOT RECEIVED ON ANY OF THE AFOREMENTIONED TAXES, IT WILL BE THE RESPONSIBILITY OF THE CUSTOMER TO RECEIVE ANY FORM OF REFUND FROM THE APPROPRIATE TAXING ENTITY. ATLAS OIL, INC. IS NOT RESPONSIBLE FOR THE TAX EXEMPTION, UNLESS THE NECESSARY TAX EXEMPT FORMS HAVE BEEN SUPPLIED TO ATLAS OIL INC. PRIOR TO DELIVERY OF PRODUCT.

PREVIOUS SUPPLIERS	NAME	CREDIT LIMIT	REASON FOR LEAVING
	NAME	CREDIT LIMIT	REASON FOR LEAVING
	NAME	CREDIT LIMIT	REASON FOR LEAVING

CREDIT REQUEST	TERMS DESIRED	<input type="checkbox"/> COD	<input type="checkbox"/> 3 DAY EFT	<input type="checkbox"/> 5 DAY EFT	TRANSPORT	<input type="checkbox"/> 10 DAY EFT	TANKWAGON	<input type="checkbox"/> 15 DAY EFT
	As an additional service to customers, Atlas has an EFT program for all payment terms. This program saves time and money. Please fill-out the accompanied sheet for the EFT program. Draft notifications will be faxed or e-mailed 24 hours prior to drafting funds.							
	CREDIT LIMIT REQUESTED				REASON FOR CREDIT LIMIT			
	BILLING CONTACT			TITLE	PHONE NUMBER		FAX NUMBER	
HOW DO YOU WANT YOUR INVOICES SENT?								
<input type="checkbox"/> FAX		<input type="checkbox"/> E-MAIL		<input type="checkbox"/> MAIL		E-MAIL OR FAX INFORMATION		

Ship To	SHIP TO NAME #1			ARE THERE VEHICLES ON SITE THAT SHOULD NOT BE FUELED?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
	UNIT TYPES TO BE FUELED		<input type="checkbox"/> BULK TANKS	<input type="checkbox"/> CONSTRUCTION EQUIPMENT	<input type="checkbox"/> GENERATORS	<input type="checkbox"/> REEFER UNITS	<input type="checkbox"/> TRAINS	<input type="checkbox"/> TRUCKS		
	SHIP TO ADDRESS			CITY		STATE		ZIP CODE		
	PRODUCT		TANK #	TANK CAPACITY	PRODUCT		GALLONS PER DELIVERY	FREQUENCY PER MONTH OF DELIVERIES		

YES	NO	DESCRIPTION	QUANTITY
<input type="checkbox"/>	<input type="checkbox"/>	ABOVE GROUND TANK	of tanks
<input type="checkbox"/>	<input type="checkbox"/>	UNDERGROUND STORAGE TANK	of tanks
<input type="checkbox"/>	<input type="checkbox"/>	ON-ROAD VEHICLE	of vehicles
<input type="checkbox"/>	<input type="checkbox"/>	OFF-ROAD VEHICLE	of vehicles
<input type="checkbox"/>	<input type="checkbox"/>	TANK REQUESTED	of tanks

Ship To	SHIP TO NAME #2			ARE THERE VEHICLES ON SITE THAT SHOULD NOT BE FUELED?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
	UNIT TYPES TO BE FUELED		<input type="checkbox"/> BULK TANKS	<input type="checkbox"/> CONSTRUCTION EQUIPMENT	<input type="checkbox"/> GENERATORS	<input type="checkbox"/> REEFER UNITS	<input type="checkbox"/> TRAINS	<input type="checkbox"/> TRUCKS		
	SHIP TO ADDRESS			CITY		STATE		ZIP CODE		
	PRODUCT		TANK #	TANK CAPACITY	PRODUCT		GALLONS PER DELIVERY	FREQUENCY PER MONTH OF DELIVERIES		

YES	NO	DESCRIPTION	QUANTITY
<input type="checkbox"/>	<input type="checkbox"/>	ABOVE GROUND TANK	of tanks
<input type="checkbox"/>	<input type="checkbox"/>	UNDERGROUND STORAGE TANK	of tanks
<input type="checkbox"/>	<input type="checkbox"/>	ON-ROAD VEHICLE	of vehicles
<input type="checkbox"/>	<input type="checkbox"/>	OFF-ROAD VEHICLE	of vehicles
<input type="checkbox"/>	<input type="checkbox"/>	TANK REQUESTED	of tanks



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EFT AUTHORIZATION

DATE RECEIVED:

Thank you for your interest in Atlas Oil, Inc. We appreciate the opportunity to be of service to you. To help us better understand your needs and service your account, the following information is needed. Please take the time to completely fill-out this section, so that Atlas Oil, Inc. can meet all of your needs. CUSTOMER hereby authorizes Atlas Oil, Inc., hereinafter called COMPANY, to initiate debit and credit entries to the checking account indicated below and the bank named below, hereinafter called BANK, to debit and credit the same to such account for the purposes of payment of product invoices in accordance with the payment terms of the invoice. CUSTOMER has the right to stop payment of a debit entry by notification to the BANK prior to charging account.

PLACE COPY OF VOIDED CHECK HERE

123456789 Bank Routing Code	1234567890123 Bank Account Number
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BANK INFORMATION	BANK NAME		BRANCH		
	BANK ADDRESS		CITY	STATE	ZIP CODE
	BANK ROUTING NUMBER				
	BANK ACCOUNT NUMBER				
	BANK ACCOUNT TYPE				
			<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> OTHER
VERIFIED	VERIFIED BY	TEST DATE	TESTED BY		

This authority may be terminated upon thirty days written notice of its termination from CUSTOMER to the COMPANY. A copy of this form may be forwarded to your BANK.

CUSTOMER: _____ SIGNED: _____ FEDERAL TAX ID: _____
 TITLE: _____ PRINTED NAME: _____ DATE: _____



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SHIP TO INFORMATION

DATE RECEIVED:

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SHIP TO NAME #3			ARE THERE VEHICLES ON SITE THAT SHOULD NOT BE FUELED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
UNIT TYPES TO BE FUELED			GENERATORS <input type="checkbox"/>		
<input type="checkbox"/> BULK TANKS	<input type="checkbox"/> CONSTRUCTION EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/> REEFER UNITS	<input type="checkbox"/> TRAINS	<input type="checkbox"/> TRUCKS
SHIP TO ADDRESS			CITY	STATE	ZIP CODE
PRODUCT	TANK #	TANK CAPACITY	PRODUCT	GALLONS PER DELIVERY	FREQUENCY PER MONTH OF DELIVERIES
YES <input type="checkbox"/>	NO <input type="checkbox"/>	DESCRIPTION	QUANTITY		
<input type="checkbox"/>	<input type="checkbox"/>	ABOVE GROUND TANK	of tanks		
<input type="checkbox"/>	<input type="checkbox"/>	UNDERGROUND STORAGE TANK	of tanks		
<input type="checkbox"/>	<input type="checkbox"/>	ON-ROAD VEHICLE	of vehicles		
<input type="checkbox"/>	<input type="checkbox"/>	OFF-ROAD VEHICLE	of vehicles		
<input type="checkbox"/>	<input type="checkbox"/>	TANK REQUESTED	of tanks		

SHIP TO ADDRESSES

SHIP TO NAME #4			ARE THERE VEHICLES ON SITE THAT SHOULD NOT BE FUELED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
UNIT TYPES TO BE FUELED			GENERATORS <input type="checkbox"/>		
<input type="checkbox"/> BULK TANKS	<input type="checkbox"/> CONSTRUCTION EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/> REEFER UNITS	<input type="checkbox"/> TRAINS	<input type="checkbox"/> TRUCKS
SHIP TO ADDRESS			CITY	STATE	ZIP CODE
PRODUCT	TANK #	TANK CAPACITY	PRODUCT	GALLONS PER DELIVERY	FREQUENCY PER MONTH OF DELIVERIES
YES <input type="checkbox"/>	NO <input type="checkbox"/>	DESCRIPTION	QUANTITY		
<input type="checkbox"/>	<input type="checkbox"/>	ABOVE GROUND TANK	of tanks		
<input type="checkbox"/>	<input type="checkbox"/>	UNDERGROUND STORAGE TANK	of tanks		
<input type="checkbox"/>	<input type="checkbox"/>	ON-ROAD VEHICLE	of vehicles		
<input type="checkbox"/>	<input type="checkbox"/>	OFF-ROAD VEHICLE	of vehicles		
<input type="checkbox"/>	<input type="checkbox"/>	TANK REQUESTED	of tanks		



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SET-UP FORM

DATE RECEIVED:

DATE COMPLETED:

The following form must be completed by internal personnel to ensure product delivery of the customer. This list is to be completed in its entirety, with the necessary accompanying documents. Use the notation N/A in the "VERIFIED" box if the information request does not apply.

		COMMENTS	VERIFIED	BY
			<input type="checkbox"/>	<input type="checkbox"/>
CHECK LIST	COMPANY NAME:		<input type="checkbox"/>	<input type="checkbox"/>
	BUSINESS CREDIT APPLICATION FILLED OUT AND SIGNED		<input type="checkbox"/>	<input type="checkbox"/>
	D&B INFORMATION REPORT PULLED		<input type="checkbox"/>	<input type="checkbox"/>
	VERIFICATION OF ENTITY (Review Resident Agent Information sheet for state by state information)		<input type="checkbox"/>	<input type="checkbox"/>
	BANK REFERENCE(S) VERIFIED		<input type="checkbox"/>	<input type="checkbox"/>
	TRADE REFERENCES VERIFIED (3)		<input type="checkbox"/>	<input type="checkbox"/>
	TAX EXEMPTION FORM COLLECTED AND TAX GROUP IDENTIFIED **		<input type="checkbox"/>	<input type="checkbox"/>
	FINANCIAL STATEMENTS PROVIDED (Required for accounts with sub-prime Paydex scores or over \$20,000 requested credit lines)		<input type="checkbox"/>	<input type="checkbox"/>
	EQUIPMENT AND/OR TANK LEASE AGREEMENT SIGNED AND COMPLETED ** (UCC completed and sent to the state)		<input type="checkbox"/>	<input type="checkbox"/>
	EFT FORM COMPLETED AND TESTED		<input type="checkbox"/>	<input type="checkbox"/>
	SET-UP APPROVAL GRANTED **	APPROVER	DATE APPROVED	
	SHIP TO LOCATIONS AND TAX GROUPS ENTERED INTO FACTOR		<input type="checkbox"/>	<input type="checkbox"/>
	INFORMATION E-MAILED TO SALES TEAM FOR PRICING AND SET-UP		<input type="checkbox"/>	<input type="checkbox"/>
SEND WELCOME LETTER TO CUSTOMER AND FILE THE ACCOUNT		<input type="checkbox"/>	<input type="checkbox"/>	

NOTE - THIS DOCUMENT NEEDS TO BE COMPLETED PRIOR TO ANY FUEL DELIVERY. ITEMS WITH ** MUST BE COMPLETED PRIOR TO A NEW SHIP TO SET UP.

Authorized Signature: _____

Credit Terms: _____ Credit Line: _____

FILE MAINTENANCE			
1st Update _____	4th Update _____	7th Update _____	
2nd Update _____	5th Update _____	8th Update _____	
3rd Update _____	6th Update _____	9th Update _____	

DATE ACCOUNT CLOSED	REASON	STATUS