



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

ATLAS OFFICE

SALES REPRESENTATIVE

BUSINESS CREDIT APPLICATION

DATE RECEIVED:

Thank you for your interest in Atlas Oil Company. 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 \$5,000) 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		DBA		E-MAIL ADDRESS		
	ADDRESS			CITY		STATE	ZIP CODE
	CONTACT NAME		PHONE NUMBER		FAX NUMBER		WEBSITE
BUSINESS INFORMATION	TYPE OF BUSINESS		SALES TAX EXEMPT -- YES OR NO (ATTACH COPY OF EXCEPTION CERTIFICATE)		FEDERAL TAX ID NUMBER		
	DUNS NUMBER		SIC CODE		PRESIDENT		YEARS IN BUSINESS
	CORPORATION:	<input type="checkbox"/> Division	NAME OF PARENT COMPANY			PHONE NUMBER	
		<input type="checkbox"/> Subsidiary	ADDRESS		CITY	STATE	ZIP CODE
	PARTNERSHIP:	OWNER #1				PHONE NUMBER	
		HOME ADDRESS			CITY	STATE	ZIP CODE
		OWNER #2				PHONE NUMBER	
		HOME ADDRESS			CITY	STATE	ZIP CODE
	PLEASE ATTACH ADDITIONAL CONTACT INFORMATION IF REQUIRED						
	PROPRIETORSHIP:	OWNER'S NAME			SOCIAL SECURITY NUMBER		HOME PHONE NUMBER
OWNER'S HOME ADDRESS			CITY	STATE	ZIP CODE		
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 STATEMENT	TO ENSURE A QUICK CREDIT PROCESS PLEASE PROVIDE COMPLETE FINANCIAL STATEMENTS						
	<input type="checkbox"/> ATTACHED FINANCIAL STATEMENT	<input type="checkbox"/> ATTACHED TAX RETURNS	<input type="checkbox"/> DIRECT FAX: 313-731-0264 OR EMAIL: FINANCIALS@ATLASOIL.COM				
	<input type="checkbox"/> ATLAS OIL MAY REQUEST FROM:	NAME				PHONE NUMBER	

CREDIT TERMS

Applicant affirms, represents and warrants that the information provided to Atlas Oil Company, its affiliates and/or subsidiaries (together, "Atlas"), on this Application by Applicant, and any other information and documents provided to Atlas, including, but not limited to, any financial statements, is accurate, complete and true, and shall be the property of Atlas. The information and documents provided by Applicant to Atlas in this Credit Application and hereunder may be shared with Atlas, its affiliates and/or subsidiaries. Applicant expressly authorizes Atlas to investigate and inquire about Applicant's financial background, credit, payment and employment history, and to answer any questions about Atlas' credit experience with Applicant as a result of this Credit Application, and Applicant hereby expressly authorizes the release of this information to Atlas or its agents. If, for any reason, Applicant/Customer cancels service with Atlas, then the entire amount of any outstanding balance due and owing to Atlas at the time of any such cancellation shall immediately become due and payable to Atlas.

If invoices are not paid when due, 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 that are returned will be assessed a \$75 fee. Applicant agrees to pay any and all costs and expenses, including actual attorney fees, incurred by Atlas in collecting past due accounts. Applicant agrees to immediately return to Atlas and/or permit Atlas to retrieve any and all tanks loaned to applicant by Atlas upon request by Atlas. Applicant 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 to sign this Application on behalf of applicant and bind applicant to this Application/Agreement. Applicant agrees to be bound by the terms and conditions set forth in this Application/Agreement. Applicant acknowledges receiving an exact copy of this Application/Agreement.

SIGNED: _____ PRINTED NAME _____ TITLE _____ DATE: _____

PERSONAL GUARANTY

THE UNDERSIGNED ("GUARANTOR"), FOR AND IN CONSIDERATION OF ATLAS GRANTING AND EXTENDING CREDIT TO THE ABOVE APPLICANT, HEREBY UNCONDITIONALLY AND IRREVOCABLY PERSONALLY GUARANTEES THE FULL AND PROMPT PAYMENT WHEN DUE OF ALL AMOUNTS ARISING OR INCURRED FROM AND AFTER THE DATE HEREOF AND OWED BY THE ABOVE APPLICANT TO ATLAS. ALL DEMANDS, PRESENTMENTS, NOTICES OF PROTEST AND OF DISHONOR, AND ALL OTHER NOTICES OF ANY KIND OR NATURE, INCLUDING THOSE OF ACTION OR NON-ACTION OF THE ABOVE APPLICANT, ARE EXPRESSLY WAIVED BY GUARANTOR. GUARANTOR HEREBY FURTHER WAIVES THE RIGHT TO REQUIRE ATLAS TO PROCEED AGAINST THE ABOVE APPLICANT AND/OR ANY OTHER PARTY AND AGREES THAT ATLAS MAY PROCEED AGAINST GUARANTOR ON THIS GUARANTY WITHOUT TAKING ANY ACTION AGAINST THE ABOVE APPLICANT OR ANY OTHER PARTY. IT IS EXPRESSLY UNDERSTOOD THAT THIS PERSONAL GUARANTY SHALL BE ONE OF PAYMENT AND NOT OF COLLECTION. GUARANTOR AGREES TO PAY ATLAS ACTUAL ATTORNEY FEES AND ALL OTHER COSTS AND EXPENSES THAT MAY BE INCURRED BY ATLAS IN ENFORCEMENT OF THIS GUARANTY. GUARANTOR EXPRESSLY AUTHORIZES ATLAS TO INVESTIGATE AND INQUIRE ABOUT GUARANTOR'S FINANCIAL BACKGROUND, CREDIT, PAYMENT AND EMPLOYMENT HISTORY, AND TO ANSWER ANY QUESTIONS ABOUT ATLAS' CREDIT EXPERIENCE WITH GUARANTOR AS A RESULT OF THIS PERSONAL GUARANTY, AND GUARANTOR HEREBY EXPRESSLY AUTHORIZES THE RELEASE OF THIS INFORMATION TO ATLAS OR ITS AGENTS.

GUARANTOR: _____ PRINTED NAME: _____ SOCIAL SECURITY #: _____ DATE: _____



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TAX AND BILLING INFORMATION

DATE RECEIVED:

Thank you for your interest in Atlas Oil Company. 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 Company can meet all of your needs.

TAX INFORMATION	FEDERAL TAX LICENSE #:	EXEMPT	NON-EXEMPT	LICENSE COPY SUPPLIED	YES	NO
	STATE EXCISE TAX LICENSE #:	EXEMPT	NON-EXEMPT	LICENSE COPY SUPPLIED	YES	NO
	STATE SALES TAX	EXEMPT	NON-EXEMPT	LICENSE COPY SUPPLIED	YES	NO
	TAX CONTACT	PHONE #		EMAIL ADDRESS		

TAX AND LICENSING FORMS MUST BE PROVIDED PRIOR TO DELIVERY TO ENSURE PROPER INVOICING.

BILLING INFORMATION	BILLING CONTACT			TITLE		
	PHONE NUMBER			FAX NUMBER		
	HOW DO YOU WANT YOUR INVOICES SENT?	FAX	E-MAIL	E-MAIL		
	PURCHASE ORDER REQUIRED?	YES		NO		PO #
	OTHER INFORMATION					

FOR OFFICE USE ONLY	MARKETING REP	DATE	COMPANY
	CREDIT LINE REQUESTED		TERMS REQUESTED



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EFT AUTHORIZATION

DATE RECEIVED:

Thank you for your interest in Atlas Oil Company. 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 Company can meet all of your needs. CUSTOMER hereby authorizes Atlas Oil Company, 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

 Bank Routing Code	 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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MASTER ACCOUNT NUMBER

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ACCOUNT MANAGER WORKSHEET

DATE RECEIVED:

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SHIP TO CONTACT		SHIP TO PHONE#		SHIP TO ADDRESS			
CITY		STATE		ZIP CODE	COUNTY		
UNIT TYPES TO BE FUELED		BULK TANKS <input type="checkbox"/>	CONSTRUCTION EQUIPMENT <input type="checkbox"/>	GENERATORS <input type="checkbox"/>	REEFER UNITS <input type="checkbox"/>	TRAINS <input type="checkbox"/>	TRUCKS <input type="checkbox"/>
EQUIPMENT TO BE FILLED		EQUIPMENT # OR TANK #	TANK CAPACITY	PRODUCT		GALLONS PER DELIVERY	FREQUENCY PER MONTH OF DELIVERIES
YES NO		DESCRIPTION		QUANTITY		ARE THERE UNITS ON SITE THAT SHOULD NOT BE FUELED? YES / NO (IF YES PLEASE LIST)	
<input type="checkbox"/>	<input type="checkbox"/>	ABOVE GROUND TANK		# of tanks		Equipment/Tank #'s	
<input type="checkbox"/>	<input type="checkbox"/>	UNDERGROUND STORAGE TANK		# of tanks		Equipment/Tank #'s	
<input type="checkbox"/>	<input type="checkbox"/>	ON-ROAD VEHICLE		# of vehicles		Equipment/Tank #'s	
<input type="checkbox"/>	<input type="checkbox"/>	OFF-ROAD VEHICLE		# of vehicles		Equipment/Tank #'s	
<input type="checkbox"/>	<input type="checkbox"/>	TANK REQUESTED		# of tanks		Equipment/Tank #'s	
SHIP TO CONTACT		SHIP TO PHONE#		SHIP TO ADDRESS			
CITY		STATE		ZIP CODE	COUNTY		
UNIT TYPES TO BE FUELED		BULK TANKS <input type="checkbox"/>	CONSTRUCTION EQUIPMENT <input type="checkbox"/>	GENERATORS <input type="checkbox"/>	REEFER UNITS <input type="checkbox"/>	TRAINS <input type="checkbox"/>	TRUCKS <input type="checkbox"/>
EQUIPMENT TO BE FILLED		EQUIPMENT # OR TANK #	TANK CAPACITY	PRODUCT		GALLONS PER DELIVERY	FREQUENCY PER MONTH OF DELIVERIES
YES NO		DESCRIPTION		QUANTITY		ARE THERE UNITS ON SITE THAT SHOULD NOT BE FUELED? YES / NO (IF YES PLEASE LIST)	
<input type="checkbox"/>	<input type="checkbox"/>	ABOVE GROUND TANK		# of tanks		Equipment/Tank #'s	
<input type="checkbox"/>	<input type="checkbox"/>	UNDERGROUND STORAGE TANK		# of tanks		Equipment/Tank #'s	
<input type="checkbox"/>	<input type="checkbox"/>	ON-ROAD VEHICLE		# of vehicles		Equipment/Tank #'s	
<input type="checkbox"/>	<input type="checkbox"/>	OFF-ROAD VEHICLE		# of vehicles		Equipment/Tank #'s	
<input type="checkbox"/>	<input type="checkbox"/>	TANK REQUESTED		# of tanks		Equipment/Tank #'s	

SHIP TO ADDRESSES



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Prospective customer submission checklist

- 1- Complete Customer Data Sheet
- 2- Signed Credit Application
- 3- EFT Authorization
- 4- Financial Statements
- 5- Fleet Sheet
- 6- Personal Guaranty
- 7- Tax Information - Attach all copies of state and federal tax certification for this transaction.

RETURN COMPLETED CREDIT APPLICATION TO FAX 313-447-2449

Contact information for any questions related to:

Customer Set-up Julie Hinman
Fax 313-447-2449
Phone 800-878-2000
Email customersetup@atlasoil.com

Credit: Jennifer Shortridge
Phone 313-662-3542
Email jshortridge@atlasoil.com

Tax Set-up Diana Cook
Phone 313-662-3547
Email dcook@atlasoil.com

Billing Set-up Tina Long
Phone 313-662-3670
Email tlong@atlasoil.com