

HAMPEL OIL
CREDIT APPLICATION - FOR INDIVIDUALS
(In order to receive credit please fill out all pertinent information and sign)

2pages

316-771-5415 7335 W. Taft Street WICHITA, KS 67209
800-530-5848 800-530-5848 FAX 316-771-5595 Date _____

Name _____

Billing Address _____ Shipping Address _____

City/State/Zip _____ City/State/Zip _____

Telephone # _____ List County for the ship-to location _____

Fax# _____

How did you hear about Hampel Oil? _____

Owner ship: () Corporation () S-Corp Date Started _____
(check one) () Partnership Date Inc. _____
() Proprietor ship Federal ID # _____
() L.L.C. State of Incorporation _____

Bank Name _____ Contact _____

Address _____ City _____ State ____ Tele _____ Fax _____

Checking Acct # _____ Savings Acct # _____

Present fuel supplier ? _____ Phone: _____

Present lubricant supplier: _____ Phone: _____

Trade References

Name _____ Name _____ Name _____

Address _____ Address _____ Address _____

Tele # _____ Tele # _____ Tele # _____

Fax # _____ Fax # _____ Fax # _____

Estimated monthly purchases \$ _____ **determines credit line** Dun & Bradstreet # _____

Products to Purchase _____

P. O. # required on billing Yes _____ No _____

Receive monthly statement Yes _____ No _____

A/P Fax # _____ A/P Contact # _____ A/P Contact Name _____

Invoices and statements will be faxed to your number listed above.

E-Mail Address to receive invoices/statements: _____

Has Company/ Proprietor / Partner declared bankrupt within the last 10 years ? Yes _____ No _____

Is the Company / Proprietor / Partner a defendant in litigation involving non-payment of debt? Yes _____ No _____

Are there any outstanding liens or judgments against the Company / Proprietor / Partner? Yes _____ No _____

If you answered yes to any of the above, please explain _____

<u>Tax Information:</u>		Sales Tax will be added to purchases if we do not have exemption certificates.	
Fuel tax exempt	Yes _____	No _____	(please complete applicable certificates)
Sales tax exempt	Yes _____	No _____	(if yes please provide exemption certificates or tax will be assessed)
Please list current sales tax rate	_____	County	_____
Tank information: AST permit# _____ UST permit# _____			

I authorize Hampel Oil Distributors, Inc. to contact the above listed banks, all references listed, and any other source Hampel Oil Distributors Inc. deems necessary to verify the statements made herein.

In the event the application for credit is accepted and approved, the applicant agrees to the following terms and conditions:

- A) Any amount not paid when due will accrue service charges at the rate of 18% per annum.
- B) Applicant agrees to pay reasonable attorney's fees, all costs of court, and any other expenses incurred by Hampel Oil Distributors, Inc. in the collection of any invoice amount.
- C) Applicant agrees that the laws of the State of Kansas shall govern all rights and obligations under this agreement.
- D) All payments agreed to under this agreement shall be paid to Hampel Oil Distributors, Inc., at its office located in Wichita, Sedgwick County, Kansas, and the venue of any action hereunder shall be maintained in Wichita, Sedgwick County, Kansas.

The application for credit has been completed for the purpose of securing credit from Hampel Oil Distributors, Inc., and I acknowledge the truthfulness and accuracy of the information provided and agree to send Hampel Oil Distributors, Inc., written notice of any changes in ownership form of applicant's business within five days of such changes. Further, I have read the application for credit and agree that the applicant is bound by its terms and conditions, and I state that I am authorized to bind the applicant to this agreement.

Date _____ Company Name _____

SIGNATURE: President/Vice President/Partner/Proprietor _____

SIGNATURE: President/Vice President/Partner/Proprietor _____

The undersigned individual who is either a principal or a sole proprietor of the applicant, may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of consumer credit report on the undersigned by the above business credit grantor, from time to time as may be needed, in the credit evaluation process.

SIGNATURE _____ Social Security # _____ -D.O.B _____

SIGNATURE _____ Social Security # _____ -D.O.B _____

The undersigned Guarantor(s), in order to induce Hampel Oil Distributors, Inc., (HODI) to extend credit to applicant herein, does hereby unconditionally personally guarantee all sums, which may be owed by applicant to HODI, whether said indebtedness is due now, or hereafter incurred. This Guaranty is continuing, and shall continue to apply to all indebtedness, which applicant may hereafter incur, renew, or extend in whole or in part with HODI all without notice to the undersigned Guarantor(s). HODI may modify the indebtedness, accept or release collateral, or release the applicant, without releasing the undersigned Guarantor(s), any or all of which actions may be taken without notice to Guarantor(s). If this Guaranty is executed by more than one Guarantor, one or more Guarantors may be released, and such releases shall not be release the other Guarantor(s), and such release may be done without notice to the other Guarantor(s). The undersigned Guarantor(s) waives notice of execution of this Guaranty. Performance of this Guaranty shall be at Wichita, Sedgwick County, Kansas. Guarantor(s) grants permission to HODI to obtain personal credit information from personal references furnished and/or from credit bureau reports, as may be deemed advisable.

Date _____, 2009. **Guarantor's Signature** _____

Print Name _____

Social Security # _____

Guarantor's Signature _____

Print Name _____

Internal use: Social Security # _____

Line of Credit Approved/Denied
 \$ _____ TM# _____, Salesperson _____ Who sent application _____

Contact Credit Dept credit@hampeloil.com cardlock _____ wants tank _____ sent to Ed for approval _____