

HAMPEL OIL - CREDIT APPLICATION – 1245 N West St, Wichita, KS 67203

In order to receive credit, please fill out all information, sign and return to:

credit@hampeloil.com or fax 316-771-5515

NAME AND ADDRESS INFORMATION

Date _____

Company (Exact Legal) Name: _____

Billing Address _____

Billing City/State/Zip _____

Phone # _____ Fax# _____

GENERAL INFORMATION

Ownership (circle one): Corporation Partnership Proprietorship LLC

If Subsidiary, Parent Company Name: _____

Date Started/Inc: _____ State of Incorporation _____ FEIN _____ D&B # _____

If Contractor: Bonded Yes / No Name of Bonding Company _____

Requested Credit Limit \$ _____

Estimated monthly purchases \$ _____

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

How did you hear about Hampel Oil? _____

Are you interested in Cardlock fueling? Yes / No

PRINCIPALS INFORMATION

NAME	TITLE	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANK INFORMATION

Bank Name _____ Contact _____

Address _____ City _____ State _____

Phone _____ Fax _____ Checking Acct # _____ Savings Acct # _____

TRADE REFERENCES

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Delivery location(s): _____ City _____ State _____

_____ City _____ State _____

_____ City _____ State _____

_____ City _____ State _____

If you have any questions regarding this credit application, please contact credit@hampeloil.com or 316-771-5415 or 5467.

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.
- E) Hampel Oil reserves the right, at any point and time, to request financials to establish or increase credit limits
- F) **If Hampel Oil's Customer Portal is used for payment, applicant authorizes all payments initiated through the e-mail address indicated on page 3 of this application.**

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 _____

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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 _____ **Guarantor's Signature** _____

Print Name _____

Social Security # _____

Guarantor's Signature _____

Print Name _____

Social Security # _____

Hampel Oil Use Only:

Line of Credit: Approved / Denied Amount: \$ _____ TM # _____ TM Name _____

Any questions regarding this portion of the credit application, please contact ar@hampeloil.com or 316-771-5437 or 5435.

ACCOUNTS PAYABLE INFORMATION

AP Contact Name _____ Phone _____
Email Address _____ Fax _____

PO required on invoice: Yes / No

Secure Online Customer Portal access to view invoices, make payments and view payment history: Yes / No
(e-mail address required – see **payment options** below)

INVOICE DELIVERY METHOD

Please circle one: E-mail _____ only one email address allowed
Fax # _____
Mail - Address _____ City _____ State _____

TAX INFORMATION

Sales tax exempt Yes / No If Yes, complete sales tax form attached
Shipping location sales tax rate _____

Fuel tax exempt Yes / No If Yes, attach copy of fuel license(s)
AST permit # _____
UST permit # _____

Texas End User Agreement Yes / No If Yes, attach copy

Include all applicable exemption certifications upon return. Please note taxes will be charged if no exemption is on file.

PAYMENT OPTIONS

Please check preferred payment option below:

() We intend to pay via “Direct Pay” using Hampel Oil’s Customer Portal. Registration will be done online at www.hampeloil.com for the following e-mail address: _____

() We intend to pay via ACH using the “Auto Draft” option. The signed Auto Draft authorization is included with my credit application.

() We intend to pay via physical check. Payments will be sent to: Hampel Oil,
PO Box 875477,
Kansas City, MO 64187-5477

****No credit card payments accepted****

Any questions regarding the Online Customer Portal, please contact customerservice@hampeloil.com or 316-771-5437 or 5435.