

Acct Mgr. \_\_\_\_\_  
 New Acct# \_\_\_\_\_  
 Approval: YES \_\_\_\_\_ NO \_\_\_\_\_  
 Terms: \_\_\_\_\_  
 EFT \_\_\_\_\_ ACH \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

FOR OFFICIAL USE ONLY



# LOTT OIL

P.O. Box 17 ~ 1855 South Drive  
 Natchitoches, LA 71457(318) 352-2055  
 Fax: (318 352-1643  
 Email: sue.kaufman@lotoil.com

\_\_\_\_\_ Natchitoches  
 \_\_\_\_\_ Lessville  
 \_\_\_\_\_ Alexandria  
 \_\_\_\_\_ Many  
 \_\_\_\_\_ Bossier  
 \_\_\_\_\_ Monroe  
 \_\_\_\_\_ Mansura  
 \_\_\_\_\_ Winnfield

This information is being provided for the purpose of obtaining credit and the undersigned hereby certifies that it is true and correct. We authorize the Creditor to investigate our credit worthiness, credit history, and financial responsibility through any credit bureau or by any other means including direct contact with past and present creditors. We also accept stated terms and agree to pay in accordance with those terms.

\_\_\_\_\_  
 Authorized Signature Date

\_\_\_\_\_  
 Print Name/Title

### Company Information

Company Name: \_\_\_\_\_ Federal ID \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Soc. Sec# \_\_\_\_\_  
 \_\_\_\_\_ Website \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Is this company a  
 \_\_\_\_\_ Corporation  
 \_\_\_\_\_ Partnership  
 \_\_\_\_\_ Sole Proprietor  
 \_\_\_\_\_ Limited Liability Company  
 Company Phone: \_\_\_\_\_ Co.Fax \_\_\_\_\_  
 If Incorporated, in what state? \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ If Contractor-Bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 How long has the company been in business? \_\_\_\_\_  
 Do you require a Purchase Order Number? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Amount of credit desired? \_\_\_\_\_ \$1000 \_\_\_\_\_ \$2000 \_\_\_\_\_ \$3000 \_\_\_\_\_ \$4000 \_\_\_\_\_ \$5000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$20,000 \_\_\_\_\_ \$50,000 \_\_\_\_\_ \$75,000 \_\_\_\_\_ \$100,000+  
 Do you have other business names you may have operated as? If so, please explain. \_\_\_\_\_  
 \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ EFT (please complete form) \_\_\_\_\_ Credit Card (Fee may apply on payments made by credit cards)

### Personal Credit Information

Please complete information for all owners and partners.

\_\_\_\_\_  
 Name Social Security Number Spouse

\_\_\_\_\_  
 Address City, State Zip Code

\_\_\_\_\_  
 Name Social Security Number Spouse

\_\_\_\_\_  
 Address City, State Zip Code

### **Taxing Information (must be completed)**

State Tax Exempt: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, you must attach your blanket certificate(s) of exemption notice before we  
 Parish/City Exempt: \_\_\_\_\_ Yes \_\_\_\_\_ No can bill you without taxes.  
 Excise Tax Exempt: \_\_\_\_\_ Yes \_\_\_\_\_ No \*\*\*Will your delivery be **inside** of the City Limits?\*\*\* \_\_\_\_\_ Yes \_\_\_\_\_ No

State of \_\_\_\_\_ % Parish/County Name \_\_\_\_\_ %

City/Town Name \_\_\_\_\_ % **Total tax to charge:** \_\_\_\_\_

**Farm Diesel Exempt** \_\_\_\_\_ yes \_\_\_\_\_ no

**Fuel Tanks** \_\_\_\_\_ underground \_\_\_\_\_ above ground

Bank Reference

\_\_\_\_\_  
Applicant's Principal Bank

\_\_\_\_\_  
Name of Loan Officer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Applicant's Insurance Company

\_\_\_\_\_  
Name of Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Telephone #

Business Credit References

Please provide the names and phone numbers of 3 credit references that we may contact. If credit is needed within limited times, please provide us with references that will give credit ratings over the phone to prevent delays:

| <u>Name</u> | <u>City &amp; State</u> | <u>Telephone &amp; Fax #</u> |
|-------------|-------------------------|------------------------------|
| _____       | _____                   | _____                        |
| _____       | _____                   | _____                        |
| _____       | _____                   | _____                        |

**TERMS AND CONDITIONS**

This application is submitted by the undersigned (hereinafter referred to as the *Applicant*) for the purpose of maintaining a credit account with Lott Oil Company, Inc. (hereinafter referred to as individually or collectively as *Creditor*). All representations are accurate, complete and truthful to the best of the applicant's knowledge and belief. The Applicant hereby authorizes any individual, firm, or corporation given as credit references to disclose to the Creditor orally or in writing any information, which is pertinent to this application. If the Applicant is a corporation, partnership, or LLC (hereinafter Entity), the undersigned affirmatively states that he/she is authorized to make application on behalf of said Entity and to obligate the same for any credit extended thereto as a result of this application, and further that the Entity on whose behalf the application is hereby made will continue to be bound and obligated for any credit advanced hereto until notice to the contrary is given in writing via certified mail return receipt requested to the Creditor at 1855 South Drive Natchitoches, LA 71457. A credit profile report will be acquired from a credit agency. Credit extended by Creditor to Applicant on transport fuel accounts shall be due within ten (10) days of billing date to Applicant. Credit extended by Creditor to Applicant on bobtail fuel or lubricant accounts shall be due the tenth (10<sup>th</sup>) day of the following month. Applicant agrees to pay the amount due on or before the due date to avoid a LATE CHARGE. All accounts not paid by the due date shall be deemed past due and a late charge will be added to the past due balance. A FINANCE CHARGE of 1.5% per month (ANNUAL PERCENT RATE OF 18%) on the outstanding amount shall be charged on any amounts due to the Creditor that is not paid by the due date on any notice of amounts due from Creditor. It is expressly understood by Applicant that the existence of the FINANCE CHARGE does not affect Applicant's obligation to pay the account in full when due. At the election of the Creditor, Applicant may be required to remit payments via electronic funds transfer (EFT). Upon Creditor's request, Applicant will submit all information necessary for processing transactions via EFT and execute any and all documents required for the payment via EFT. If this account is not paid in full when due it is placed in the hands of an attorney for collection, Applicant agrees to pay reasonable attorney's fees in the amount of at least twenty-five percent (25%) additional on the aggregate amount of principal, late charges and finance charges, all court cost incurred and all collection expenses incurred. Applicant further agrees to submit to the jurisdiction of a competent court in Natchitoches Parish, Louisiana. Any references to Applicant herein also apply to any guarantors. Terms and Conditions can be changed at any time by Creditor with written notice. NOTICE: DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ IT. YOU ARE ENTITLED TO A COPY OF THE SIGNED AGREEMENT.

\_\_\_\_\_  
Corporation, LLC, Partnership, Sole Proprietorship

\_\_\_\_\_  
Witness

By: \_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Address of Witness

**Guaranty**

FOR VALUE RECEIVED, the undersigned, who is made party to this contract and is bound with Applicant jointly and IN SOLIDO for the faithful execution of all the obligations to be performed on the part of the Applicant, does hereby guarantee payment of all amounts advanced by Creditor to Applicant. Applicant and guarantor specifically waive division.

\_\_\_\_\_  
Guarantor's Signature SS#

\_\_\_\_\_  
Guarantor's Printed Name Title

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date Date of Birth

\_\_\_\_\_  
Printed Name & Address of Witness

\_\_\_\_\_  
Principal Bank