



1855 South Drive
 P.O. Box 17 Natchitoches,
 LA 71457 Sales@lotoil.com
 www.lotoil.com

Please note
 * indicates
 a required field

Corporate Information

*Company Name: _____	*Social Security Number: _____
*Billing Address: _____	If Incorporated, What State? _____
_____	Nature of Business: _____
*Phone Number: _____	Years in Business: _____
Fax Number: _____	Website: _____
*Accounts Payable Contact: _____	*Federal ID: _____
*Accounts Payable Email: _____	
If Contractor, Bonded? Yes No	*Is this Company a:
	Corporation
	Partnership
	Sole Proprietor
Other Business Names You Have Operated Under: _____	Limited Liability Company
Dunn & Bradstreet: _____	Other

*Desired Credit:

\$1,000	\$5,000	\$20,000	\$75,000	\$150,000
\$2,000	\$10,000	\$50,000	\$100,000	> \$200,000

*Method of Payment:

Cash Check EFT Credit Card
 (Fee may apply on payments made by credit card)

Desired Terms:

COD Net 5 Net 7 Net 10 Net 20 Net 30

To be Filled out by Lott Oil Credit Department	Profit Center Responsible:	
Master Account Number: _____	Alexandria	Many
Approved By: _____	Bossier City	Monroe
Approved Terms: _____	Leesville	Natchitoches
	Mansura	Winnfield

Personal Credit Information

Complete the following for all owners and partners

*Name: _____	Name: _____
*Address: _____	Address: _____
_____	_____
*Phone Number: _____	Phone Number: _____
*Email Address: _____	Email Address: _____
_____	_____
*Social Security Number: _____	Social Security Number: _____
_____	_____
*Have you ever filed for bankruptcy? Yes No	*Have you ever filed for bankruptcy? Yes No

Personal Credit Information (Cont.)

Please complete following for all owners and partners

Name: _____
 Address: _____
 Phone Number: _____
 Email Address: _____
 Social Security Number: _____

Name: _____
 Address: _____
 Phone Number: _____
 Email Address: _____
 Social Security Number: _____

*Have you ever filed for bankruptcy?

Yes

No

*Have you ever filed for bankruptcy?

Yes

No

Banking, Insurance & Trade Information

*Principal Bank: _____
 *Address: _____
 Insurance Company: _____
 Address: _____

*Loan Officer: _____
 *Phone Number: _____
 Email Address: _____
 Agent: _____
 Phone Number: _____
 Email Address: _____

*Please provide the names and phone numbers of at least 3 credit references that we may contact. If approval needs expediting, please provide us with references that will give credit ratings over the phone to prevent delays.

*Name: _____
 *Phone Number: _____
 Email Address: _____
 *Name: _____
 *Phone Number: _____
 Email Address: _____

*Name: _____
 *Phone Number: _____
 Email Address: _____
 *Name: _____
 *Phone Number: _____
 Email Address: _____

Shipping Information

*Company Name: _____
 *Shipping Address: _____
 *Phone Number: _____

*Same as Billing? Yes No
 *If shipping information is the same as billing, no additional information needed
 On Site Contact: _____
 On Site Email Address: _____
 On Site Email/Cell: _____
 *PO Required? Yes No
 Blanket PO: _____
 *Inside City Limits? Yes No

To be completed by LOC Account Representative

Products to be Purchased

CONV. GAS	E10 GAS	ON ROAD	OFF ROAD	NONFL
Provided By: Lott Oil Co.	Customer	Tank 1 Information	Type of Tank: Above Ground	Underground
Product: _____	_____		Dimensions/Capacity: _____	_____
Provided By: Lott Oil Co.	Customer	Tank 2 Information	Type of Tank: Above Ground	Underground
Product: _____	_____		Dimensions/Capacity: _____	_____
Provided By: Lott Oil Co.	Customer	Tank 3 Information	Type of Tank: Above Ground	Underground
Product: _____	_____		Dimensions/Capacity: _____	_____
LOC Account Rep: _____	_____	Freight	Freight Code: _____	_____
Primary Terminal: _____	_____		Freight Code: _____	_____
Secondary Terminal: _____	_____		Pump Off Required? _____	_____
Pricing Formula: _____	_____		Date Ship to Acct. Established: _____	_____
Ship to Account Number: _____	_____	*If additional shipping locations or tank info is required, please print additional sheet		

Taxing Information

Tax Rate: _____ % Sales Tax Exempt? Yes No
 Jurisdiction: _____ Local Gov't Excise Tax Exempt? Yes No

If tax exemptions are applicable, supporting certificates must be supplied.

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, form 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. Applicant authorizes Creditor to obtain a credit profile report from a credit agency. Credit extended by Creditor to Applicant shall be due within the terms stated on each invoice. 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 shall 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 charge on any amounts due to the Creditor that is not paid by the due date on any notice of amounts due from Applicant. 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, finance charges, all court costs incurred, and all collection expenses incurred. Applicant and Creditor agree that the exclusive venue for the litigation of any and all disputes that may arise from, be related to, or be connected with this agreement, or its terms and conditions, shall be in the district court of Natchitoches Parish, Louisiana, which shall likewise have exclusive jurisdiction of such disputes. Applicant and Creditor agree that Louisiana Law shall govern the interpretation of this agreement. Payments returned for any reason, will be subject to a return payment fee of \$30.00. Any references to Applicant herin 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.

_____	_____	_____
*Signature	*Title	*Witness
_____	_____	_____
*Printed Name		*Printed Name

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 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 specifcally waive division.

_____	_____	_____
*Guarantor's Signature	*Guarantor's SSN	Guarantor's Principal Bank
_____	_____	_____
*Guarantor's Printed Name	Guarantor's Title	*Witness Signature
_____	_____	_____
Guarantor's Date of Birth	Guarantor Date Signed	*Witness Date Signed

*Witness Printed Name: _____
 Address: _____

 Phone Number: _____
 Email Address: _____



LOTT OIL COMPANY, INC. & AFFILIATES

ELECTRONIC FUNDS TRANSFER AGREEMENT FOR PREAUTHORIZED PAYMENT

***** Do Not Fax your EFT form. It MUST BE MAILED. *****

PLEASE PRINT CAREFULLY IN CAPITAL LETTERS.

CUSTOMER LAST NAME	CUSTOMER FIRST NAME	MI	DATE OF BIRTH	CUSTOMER FEDERAL ID
CUSTOMER COMPANY NAME		CUSTOMER NUMBER		COMPANY DOING BUSINESS WITH LOTT OIL COMPANY, INC.

SECTION ** A **

<div style="display: flex; justify-content: space-between;"> <div style="font-size: small;"> <p>S & O CO., INC. 122 South Set Natchitoches, LA</p> <p>Pay to the Order of _____ \$ _____ Dollars</p> <p>FINANCIAL INSTITUTE 3rd Main Street Natchitoches, LA</p> <p>FOR _____</p> <p style="font-size: x-small;">:123456789: :12345678910: 2583</p> <p style="font-size: x-small;">ABA NUMBER ACCOUNT NUMBER CHECK NUMBER</p> </div> <div style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg); pointer-events: none;"> EXAMPLE </div> <div style="text-align: right;"> <p>2583</p> <p>_____ 20 _____</p> </div> </div>	<p>_____ BANKING INSTITUTE NAME</p> <p>_____ CITY</p> <p>STATE _____ ZIP CODE _____ TRANSIT/ABA NUMBER _____</p> <p>_____ BANKING ACCOUNT NUMBER</p>
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CUSTOMER AUTHORIZATION

I Authorize Lott Oil Company, Inc. and affiliates to initiate debit entries, electronically or by any other commercially accepted methods and to initiate, if necessary, credit entries and adjustments for debit entries in error to my checking or savings account. This authorization will remain in full force and effective until written or electronic notification has been received by Lott Oil Company, Inc. and affiliates. After such notification, I will allow reasonable time for Lott Oil Company, Inc. and affiliates to adjust my records accordingly.

CUSTOMER SIGNATURE: _____ **DATE:** _____

PLEASE TAPE A COPY OF THE VOIDED CHECK IN THE SPACE PROVIDED BELOW FOR VALIDATION OF INFORMATION

<p>ATTACH VOIDED CHECK</p> <p>NO DEPOSIT SLIPS ACCEPTED</p> <p>SECTION A - Must be completed to initiate processing</p> <p>INCOMPLETE FORMS WILL BE RETURNED</p> <p>Tape top of check horizontally, corner to corner</p>	<p>ACCOUNT TYPE (SELECT ONE ONLY)</p> <p><input type="checkbox"/> CHECKING</p> <p><input type="checkbox"/> SAVINGS</p> <hr/> <p>PLEASE MAIL COMPLETED FORMS TO: LOTT OIL COMPANY, INC. ACCOUNTS RECEIVABLE DEPT PO BOX 17 NATCHITOCHEs, LA 71458-0017</p>
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