



*3400 Junction City Hwy, El Dorado, AR 71730
Phone: 870-881-9300 Fax: 870-863-5017*

SEWELL OIL APPLICATION FOR CREDIT

PLEASE TURN IN THE FOLLOWING:

- *Completed Application (attached)
- *Federal Tax ID Form W9 (attached)
- *Sales Tax Exemption Certificate
- *Contact Information **MUST INCLUDE:**
phone number, cell number, and email address for whom should receive document distribution

SEWELL OIL COMPANY, INC.

3400 JUNCTION CITY HIGHWAY
EL DORADO, AR 71730
(870) 881-9300 PHONE
(870) 863-5017 FAX
Email: apowell@sewelloil.com

APPLICATION FOR CREDIT

SALESPERSON:

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 _____ (Include W9)

Contact Person: _____

Soc. Sec# _____

Billing Address: _____

Website _____

Shipping Address: _____

Is this Company a

___ Corporation

___ Partnership

___ Sole Proprietor

___ Limited Liability Company

Company Phone: _____

Company Fax: _____

Email Address _____

Years in Business _____

Do you require a Purchase Order Number ___ Yes ___ No

Amount of Credit Desired? ___ \$5,000 or less ___ \$10,000 or less ___ \$20,000 or less ___ \$50,000 or less

___ \$100,000 or less ___ \$100,000 +

Method of Payment: ___ Cash ___ Check ___ EFT (Please complete form)

___ ACH ___ Credit Card (Fee may apply on payments made by credit cards)

Taxing Information (Must be completed)

State Tax Exempt: ___ Yes ___ No

* If yes, you must attach a copy of your certificate(s) of exemption before
We can bill you without taxes.

County/City Exempt: ___ Yes ___ No

Will your delivery be inside of the City Limits? ** ___ Yes ___ No

State of _____ % _____ County Name _____ % _____
City Name _____ % _____ Total Tax to Charge _____ %

Bank Reference

Applicant's Principal Bank

Name of Person to Contact

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.

Name

City & State

Telephone & Fax #

_____	_____	_____
_____	_____	_____
_____	_____	_____

TERMS ARE 15 DAYS FROM STATEMENT
IN CONSIDERATION OF EXTENSION OF CREDIT, THE UNDERSIGNED
AGREES TO PAY ALL SUMS DUE PURSUANT TO CREDIT EXTENDED.
THE UNDERSIGNED FURTHER WARRANTS THE ACCURACY OF THE ABOVE
INFORMATION, AUTHORIZES SEWELL OIL COMPANY, INC. TO MAKE ALL
INQUIRIES NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE
ABOVE AND AGREES TO THE TERMS AS SET FORTH.

AUTHORIZED SIGNATURE

TITLE

DATE

CREDIT WILL NOT BE EXTENDED UNTIL ALL INFORMATION HAS BEEN VERIFIED.

Account Manager _____ New Account# _____
Approved: YES NO Terms: _____
Payment: EFT CREDIT CARD ACH

FOR OFFICAL USE ONLY

SEWELL OIL COMPANY, INC.

3400 JUNCTION CITY HIGHWAY
EL DORADO, AR 71730
(870) 881-9300 PHONE
(870) 863-5017 FAX

FOR CARDLOCK USE ONLY

Name on Card _____
Type of Fuel: UL MG Prem. TPD NTD (Check all that apply)
Truck# Yes No
Odometer Yes No
Pin# Yes No

Name on Card _____
Type of Fuel: UL MG Prem. TPD NTD (Check all that apply)
Truck# Yes No
Odometer Yes No
Pin# Yes No

Name on Card _____
Type of Fuel: UL MG Prem. TPD NTD (Check all that apply)
Truck# Yes No
Odometer Yes No
Pin# Yes No

Name on Card _____
Type of Fuel: UL MG Prem. TPD NTD (Check all that apply)
Truck# Yes No
Odometer Yes No
Pin# Yes No

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Type of Fuel: UL MG Prem. TPD NTD (Check all that apply)
Truck# Yes No
Odometer Yes No
Pin# Yes No

Name on Card _____
Type of Fuel: UL MG Prem. TPD NTD (Check all that apply)
Truck# Yes No
Odometer Yes No
Pin# Yes No

Cards can be set up by driver's name or truck. Restrictions: Limit the type of fuel the driver can purchase; you can ask for odometer reading, truck and pin numbers. Pin numbers are assigned by our Gasboy Cardlock system and cannot be changed. We keep a record of pin numbers. We can lock out and reissue cards at anytime. Replacement cost for a new card is \$15.00.

Authorized Signature

Title

Date

SEWELL OIL COMPANY, INC.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

Customer Name

Effective Date

Street Address

Sewell Oil Company Account No.

P.O. Box

Fax No.

City State Zip

Telephone No.

Customer does hereby authorize Sewell Oil Company, Inc. to initiate debit and/or credit entries to Customer's checking account indicated below, and does further authorize the depository institution named below to debit and/or credit such entries to the customer's account.

Bank Name

Bank Address

Bank Routing Number (ATTACH COPY OF VOIDED CHECK)

Customer Bank Account Number

Bank Contact Bank Telephone Number

This authorization shall remain in effect until terminated upon thirty (30) day's written notice by either customer or Sewell Oil Company, Inc. Notice of termination shall in no way affect debit and or credit entries initiated prior to actual receipt of notice. This EFT program can be terminated or modified by Sewell Oil Company, Inc. at any time.

All Credit and other terms and requirements between Customer and Sewell Oil Company, Inc. remain in effect.

CUSTOMER AUTHORIZATION:

Authorized Signature

Title

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)	Social security number								
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
-	-	-	-						
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	OR Employer identification number <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.