

McCormix Corporation

22 Calle Cesar Chavez
Santa Barbara, CA 93102

APPLICATION FOR CREDIT



DISTRIBUTORS-CHEVRON PRODUCTS

- PURCHASES**
 Lubricants
 Bobtail Deliveries
 Tanker Deliveries
 CFN Cardlock

1-805-963-9366 Fax 805-963-2268
P. O. Box 848 • Santa Barbara, CA 93102

Please fill out both sides completely as possible

Business Information	Personal Information																		
Firm Name: _____ <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Kind of Business: _____ Business Address: _____ City/Zip: _____ Billing Address: _____ City/Zip: _____ Business Fax: _____ Business Phone: _____ Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No Resale <input type="checkbox"/> Yes <input type="checkbox"/> No Fed. Tax No.: _____ Resale No.: _____ Doing Business In: _____ County _____ Bank Account: _____ Branch Address: _____ Account No.: _____	1. Name: _____ Age: _____ Name of Spouse: _____ Home Address: _____ City/Zip: _____ Bank Account: _____ Branch Address: _____ Account Number(s): _____ Checking: _____ Savings: _____ Loan: _____ Phone No.: _____ Fax No.: _____ Social Security No.: _____ Employed By: _____																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Names of Officers or Partners</th> <th style="width:20%;">Official Title</th> <th style="width:20%;">Interest in Business</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td></td><td style="text-align: center;">%</td></tr> <tr><td>2. _____</td><td></td><td style="text-align: center;">%</td></tr> <tr><td>3. _____</td><td></td><td style="text-align: center;">%</td></tr> <tr><td>4. _____</td><td></td><td style="text-align: center;">%</td></tr> <tr><td>5. _____</td><td></td><td style="text-align: center;">%</td></tr> </tbody> </table>	Names of Officers or Partners	Official Title	Interest in Business	1. _____		%	2. _____		%	3. _____		%	4. _____		%	5. _____		%	2. Name: _____ Age: _____ Name of Spouse: _____ Home Address: _____ City/Zip: _____ Bank Account: _____ Branch Address: _____ Account Number(s): _____ Checking: _____ Savings: _____ Loan: _____ Phone No.: _____ Fax No.: _____ Social Security No.: _____ Employed By: _____
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3. _____		%																	
4. _____		%																	
5. _____		%																	

Credit References - (include Suppliers, Loan Companies, etc.) Please print complete Name, Address Account, Phone & Fax Numbers

1. _____
2. _____
3. _____
4. _____
5. _____

If this application is for Cardlock Fuels - How many vehicles will use the facility: _____ Estimated monthly use: _____	How many cards will be needed: _____ What Fuels will be used: _____
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The undersigned hereby agrees that all charges for goods and services supplied by Mc Cormix Corporation will be paid 10 days after billing, unless otherwise specified. The undersigned further acknowledge and agree that in the event said charges are not paid, that Mc Cormix Corporation will suffer damages due to the undersigned's failure to promptly pay said charges. Said damages include, but are not limited to, additional bookkeeping charges, and interest on monies which Mc Cormix Corporation must borrow in order to operate its business. It is further acknowledged and agreed that said damages will be difficult or impossible to ascertain, and the undersigned, therefore, agree that in the event that all charges are not paid within the specified time, that the sum of 1.5% (percent) per month is a reasonable estimate of the charges which will be suffered by Mc Cormix Corporation, and the undersigned agree to pay said sum. The undersigned further agree to pay all costs of collection, including attorney's fees and court costs, incurred by Mc Cormix Corporation.

The undersigned authorize Mc Cormix Corporation to conduct a credit investigation and authorizes all credit references listed above to release to Mc Cormix Corporation information related to the undersigned's accounts.

Each of the undersigned agree to be jointly and severally liable for all amounts due for goods and/or services supplied pursuant to this application and for all other fees, costs and damages due under this application.

Business Signature	Individual Signature(s)
_____	Name _____ Date _____
_____	Name _____ Date _____
_____	Name _____ Date _____

Ref. Checked By: _____ Approved By: _____ Date: _____

CARD OR KEYLOCK AGREEMENT

For valuable consideration, and in exchange for PETROLEUM PRODUCTS (hereinafter distributor") permitting me/us use of their card or keylock the undersigned individual and on behalf of their business agrees to the following terms and conditions:

1. Guarantees payment of all charges and all responsibility for the use of card or keylock issued me/us; and
2. Because this is not a credit transaction, agrees to pay all charges or expenses incurred in connection with the card or keylock, whether or not charges are evidenced by signed invoices or purchase orders; and
3. Pay charges or expenses incurred to Distributor, in full by the 10th day of each month following purchases. Due to the difficulty of ascertaining precise damages should the account not be paid in full, as promised, the account will be subject to a charge of 1.5% per month as liquidated damages; and
4. Pay all legal fees and costs incurred by Distributor in the collection of any delinquent account. An account becomes delinquent if not paid in full by the 10th day following the first billing; and
5. This agreement may be canceled by the undersigned at any time, and by Distributor at any time the account becomes delinquent, or for any other cause without notice to the undersigned. The undersigned shall continue to remain liable to Distributor for any balance remaining due Distributor, and shall immediately upon cancellation of this agreement, by either party, return all cards or keylocks assigned or bear the costs of changing all keylock assigned; and
6. This agreement is binding upon all parties signatory hereto, their heirs, assigns, or successors in interest,
7. Estimated purchases per month \$ _____ and/or _____ gallons.

I/We have read and agree to the terms and conditions contained herein.

Dated: _____

Business/Guarantor

Account # _____

By _____
Authorized Agent for Business

Card# _____

Address _____

Issued By _____

Phone _____

I/We specifically grant full authority for Mc Cormix Corp. to obtain a person credit report on me/us even though the nature of this account is commercial.

Name

Address

Social Security Number