



Division of Ports Petroleum Company, Inc.
1337 Blachleyville Rd
P.O. Box 1046
Wooster, OH 44691

Company Information

Business Name _____ Years in Business _____

Street/PO Box _____ County _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Nature of Business _____

Check One: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

Federal ID# _____ Phone _____

Accounts Payable Contact _____ Email _____

Trade References

Provide Three (3) Trade References

Trade Reference Name _____ City/State _____

Email _____ Phone _____

Trade Reference Name _____ City/State _____

Email _____ Phone _____

Trade Reference Name _____ City/State _____

Email _____ Phone _____

Owners, Partners, Directors

Name _____ Phone _____ Email _____

Street Address _____ City _____

State _____ Zip Code _____ Social Security Number _____

Name _____ Phone _____ % Ownership _____

Street Address _____ City _____

State _____ Zip Code _____ Social Security Number _____

Please list information of any additional owners, partners or directors on a separate page and attach.

The undersigned authorizes Ports Petroleum to perform background/credit checks on all owners.

Invoice Options

Method of Delivery ☐ Email _____ ☐ Mail _____

Contact Name _____ Phone _____

In addition to the method of delivery selected above, you may also receive text notifications.

Mobile Number _____ Carrier _____

Receive text notifications (may select multiple) ☐ Quotes ☐ Invoices ☐ EFT ☐ Delivery Updates



Documents

Please include current audited financial statements with this application if you are requesting a credit line over \$20,000.

Payment Method

☐ Check by mail ☐ Credit Card (4% Convenience Fee) ☐ Online payments ☐ Electronic Payments

EFT Authorization

Customer hereby authorizes Ports Petroleum Company, Inc. ("Ports"), for its own account, to initiate electronic funds transfer debit and credit entries to Customer's deposit account described below, and does further authorize the financial institution described below, to debit or credit such entries to the Customer's account. Customer shall receive notice of drafts one business day prior to initiation. This Authority shall remain in effect until terminated upon fifteen days written notice by either Customer or Ports. Notice of termination shall in no way affect debit entries initiated prior to actual receipt of this notice.

Bank Name _____ Bank Account Number _____
Street Address _____ Routing/ABA Number _____
City _____ State _____ Zip Code _____
Bank Contact _____ Contact Phone _____

Attach voided check or deposit slip for above account.

Credit Terms and Conditions

This card is a charge card and not a credit card. Applicant shall pay to Ports the full amount due as shown upon the statement. Any account which is not paid in full by the subsequent statement date shall be deemed delinquent. Delinquent accounts may be assessed a finance charge of up to one and one half percent per month or eighteen percent annually, on the outstanding balance that is 30 or more days delinquent. Ports may, at its option, elect to change the terms and conditions hereto. If such election is made, Ports shall notify, in writing, all card users of such election and the content thereof. After thirty days of such notice, such change shall be binding upon all charge card holders. In the event a card is lost or stolen, the applicant shall be liable for all charges until Ports is notified. The applicant agrees to pay all costs and expenses of collecting delinquent accounts, including (but not limited to) reasonable attorney's fees, incurred by Ports Petroleum Company, Inc.

Signature (must be company principal) _____

Title _____ Print Name _____

Company Name _____ Date _____



VEHICLE - NEW CREDIT CARD PLATFORM WORKSHEET

Please complete for each vehicle and driver. A card will be provided for each vehicle listed and will need to be kept in each vehicle.

If you choose to assign ID numbers, they must be 6 numeric digits. If you would like the system to generate the ID's for you, just leave blank.

| Customer Name |
|---------------|
| |

| Cards Needed | Vehicle Description |
|--------------|---------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

[illegible]