

# ACCOUNT OPENING AGREEMENT

E.R. VINE & SON'S, INC - DONLEE PUMP CO - VINE FUELS - VINE TRANSPORTATION  
aka THE AFFILIATED GROUP  
2825 RAILROAD--CERES, CA 95307--(209)537-0723

**PLEASE COMPLETE IN FULL**

Account Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_  
city state zip

Delivery Address \_\_\_\_\_  
city state zip

County \_\_\_\_\_ within city limits Y or N Phone \_\_\_\_\_ Cell \_\_\_\_\_

**C O H N**  Email Invoices only  Email and Send Invoices via US Postal Services  
**O E**  Fax Invoices Only  Fax and send Invoices Via US Postal Services  
**S E**  Send Invoices via US Postal Service only **P.O. Number Required** NO  YES

Email for Invoices \_\_\_\_\_ Invoice Fax # \_\_\_\_\_

TO THE ATTENTION OF \_\_\_\_\_ TITLE \_\_\_\_\_

Maximum Anticipated Monthly Purchase \$ \_\_\_\_\_

## INDIVIDUAL

Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Include middle name or initial

Soc. Sec.# \_\_\_\_\_ Drivers Lisc.# \_\_\_\_\_ Spouse Name \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

Previous street address \_\_\_\_\_ How long? \_\_\_\_\_

Present Employer \_\_\_\_\_ Position \_\_\_\_\_ How long? \_\_\_\_\_

## BUSINESS

Names of Principal Owners \_\_\_\_\_ Partnership since \_\_\_\_\_

Stockholders or \_\_\_\_\_ Corporation since \_\_\_\_\_

Officers \_\_\_\_\_ Individual since \_\_\_\_\_

## ADDITIONAL INFORMATION

Do you use Red Dyed Diesel? Yes  No  Federal I.D. number \_\_\_\_\_

Are any purchases for resale? Yes  No  If yes, Seller's permit # \_\_\_\_\_

Are any purchases tax exempt? Yes  No  **ALL TAX FORMS MUST BE COMPLETED PRIOR TO PURCHASING**

## TYPE OF BUSINESS

Industrial  Farming  Trucking  Commercial  Retail Svc Station   
Petroleum Dist  (attach copy of 637 wholesale exemption cert) Government or other tax exempt

Comments: \_\_\_\_\_

## CREDIT

Most recent suppliers \_\_\_\_\_

How did you learn of our company \_\_\_\_\_

Checking Account-Bank & Location \_\_\_\_\_  
contact account number

Savings Account-Bank & Location \_\_\_\_\_  
contact account number

Credit References (1) \_\_\_\_\_  
name address phone #

(2) \_\_\_\_\_  
name address phone #

(3) \_\_\_\_\_  
name address phone #

## ACCOUNT OPENING AGREEMENT

### Truck and Trailer Purchases

Account balance is payable upon receipt of invoice. Past due if not paid within 10 days, or upon receipt of next load, whichever comes first.

### Cardlock Purchases

Due upon receipt of invoice. Past due if payment is not received by the 15th day from date of invoice.

### All Other Purchases

Invoices are due upon receipt of invoice. Past due the 10th of the following month.

### All Accounts

If monthly payments become past due, applicant agrees to pay the total amount owing plus the total service charges, collection costs, attorney fees and court costs incurred by The Affiliate Group in its collection efforts. Statements will be sent twice a month.

A service charge of 1-1/2 % per month (annual rate 18%) will be calculated on the amount of unpaid balance. Sales will be limited to current customers.

Buyer hereby certifies that any and all products purchased from Seller will not be exported outside of the United States without written consent of Seller.

Due to any acts or omissions of the customer that make any fuel purchased tax exempt to be later determined as taxable the undersigned will reimburse to The Affiliate Group within 15 days all taxes, penalties, interest, and other charges assessed by the taxing authority.

This agreement has been entered into and is to be performed in the State of California, County of Stanislaus, and any action brought hereunder shall be brought in said county and state at the option of and in sole discretion of Seller.

Seller may use this agreement with any bank or other kind of financial institution for the purpose of obtaining all personal and business financial information of any kind or nature whatsoever in the name of us and the entity we represent.

**NOTICE:** Signing of this application constitutes your acceptance of the conditions set forth.

\_\_\_\_\_ Date

\_\_\_\_\_ Phone number

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature \*

\_\_\_\_\_ Title

\_\_\_\_\_ Purchasing Contact

We, the undersigned, hereby guarantee payment of the account of \_\_\_\_\_

\* Guarantor(s) - Individual Name. No Titles.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Both asterisked lines must be signed

<b>office use only:</b>
limit \$ _____ status: _____
approved by: _____
date approved: _____

**PLEASE MAIL SIGNED ORIGINAL TO OFFICE IF FAXED COPY IS SENT.**