

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.# **A representative will call for SSN** 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 #

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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.

Petroleum Distributor (Wholesale Purchases)

Non-Fuel purchases due 15 days from date of invoice, EFT
Bobtail Fuel purchases 15 days from date of invoice, EFT
Truck & Trailer Fuel purchases, above Truck & Trailer terms apply with EFT.

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.

_____ Print Name

_____ Signature

* Both asterisked lines must be signed

office use only:
limit \$ _____ status: _____
approved by: _____
date approved: _____

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