



We appreciate you taking the time to fill out our customer applications. We understand that you are taking a significant amount of time to provide us with this information. Information provided will be held in strict confidence within the credit department. We look forward to providing you and your company with service above and beyond what you would expect from a fuel supplier.

The following is a checklist of items that must be completed in order for Wallis to establish a credit line for your account that will fit your company needs. To facilitate a prompt review by Wallis, please include all requested information. If you have any questions concerning the applications, please contact your sales representative directly or the credit department at 1-877-4-WALLIS

When you have completed the applications, you may fax them to: 636-549-1522 or send via email to the credit department at: [creditdepartment@mail.wallisco.com](mailto:creditdepartment@mail.wallisco.com)

- Completed Customer Credit Application with signatures on Page 3
- Completed Customer Information form
- Completed and signed Electronic Funds Transfer agreement
- Please include the following with your application:
  - Copy of most recent two year financial statements
  - Copy of tax exemption certificates (if applicable)

We are looking forward to doing business with you!

***Thank you!***



Wallis Companies  
 106 East Washington, Cuba, MO 65453  
 Phone: 1-877-4-WALLIS  
 Fax: 636-549-1522  
 Email: creditdepartment@mail.wallisco.com

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## Credit Application

Legal Business Entity  Submission Date

Terms Requested  Credit Limit Requested

### Legal Business Entity Information

Street Address

City  State  Zip

Phone (  )  Fax (  )

Email

**Form Instructions**

Upon form completion, please print, sign, email, fax, or mail to Wallis Companies.

Individual  Company  Partnership  Corporation  FEIN #

State Incorporated  Years in Business

Principal or Legal Business Entity Filed Bankruptcy In The Last 7 Years Yes  No

### Business Ownership Information

**1. Name of Principal(s)**  Social Security #

Address

City  State  Zip

Email Address

Phone (  )

Fax (  )

**2. Name of Principal(s)**  Social Security #

Address

City  State  Zip

Email Address

Phone (  )

Fax (  )



**Credit Application**

**Financial Institution Information**

Bank Name  Fax

Contact Name  Phone

Address

City  State  Zip

**Trade References**

**Fuel Reference:**

Business Name  Phone

Contact Name  Fax

Address

City  State  Zip

**Business Reference:**

Business Name  Phone

Contact Name  Fax

Address

City  State  Zip

**Business Reference:**

Business Name  Phone

Contact Name  Fax

Address

City  State  Zip



**Credit Application**

**Authorization to Conduct Credit Verification and Release**

Wallis Oil Co., Inc. and its affiliated companies, and their respective shareholders, members, managers, officers, agents, employees, contractors, consultants and representatives (all collectively referred to herein as "Wallis") are hereby authorized to obtain verification of information and to make any investigations and inquiries from any source, (all such searches, inquiries and investigations being collectively referred to herein as the "Credit Application Verification"). The undersigned hereby releases, discharges and exonerates any person or entity providing information to Wallis in connection with the Credit Application Verification and any recipient of such information, including Wallis, from any and all liability of every nature and kind arising from or in connection with the furnishing, receipt, and review of such information. The undersigned hereby acknowledges and agrees that (i) the credit hereby applied for is conditioned upon Wallis' approval, in Wallis' sole discretion, of this credit application and the Credit Application Verification, (ii) Wallis shall have the right, upon Wallis' determination of reasonable grounds for insecurity, to revoke credit, demand payment in full, and/or reduce the credit line amount, and (iii) if collection or legal action is deemed necessary by Wallis to receive monies owed, the imposition of reasonable fees, including legal fees, shall also be charged to and paid by the undersigned. The undersigned hereby represents and warrants that the information provided in this application is true and correct as of the date hereof. By signing below, I hereby acknowledge and represent that I have read and fully understand the terms hereof, and am duly authorized to act on behalf of the undersigned.

Legal Business Entity

Signature of Owner or Officer: \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Representations**

The undersigned Guarantor hereby absolutely and unconditionally promises and agrees to make prompt payment of all credit now or hereafter made by Wallis to the above entity, including, but not limited to all overdrafts and of any and all other claims and obligations of every kind and character of such entity to Wallis (hereinafter referred to in the aggregate as "Obligations"). This is understood and intended to be a continuing promise and agreement and shall apply to and cover any and all Obligations due or which may hereafter become due from such entity to Wallis. When any such Obligations shall become and remain due and unpaid, Guarantor will, on demand, pay the amount due thereon. Notice of the making, renewing, or extending of any such Obligations, protest or nonpayment thereof, and notice of acceptance hereof, are hereby expressly waived. Guarantor expressly agrees to pay Wallis' cost of enforcing this guaranty.

Guarantor Signature \_\_\_\_\_

Guarantor Name \_\_\_\_\_

Guarantor Title \_\_\_\_\_ Date \_\_\_\_\_

**To complete this application, please attach copies of your last two year-end financial statements. Thank You.**



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## Customer Information

Legal Business Entity  Submission Date

## Tax Information

FEIN #

Federal Exemption Yes  No  State Exemption Yes  No

**Proof of Exemption Certificate Required**

State Tax ID Missouri

Illinois

Kansas

**Form Instructions**

Upon form completion, please print, sign, email, fax, or mail to Wallis Companies.

## Contacts

Billing Contact Name  Title

Street Address  Phone (  )

City  State  Zip  Fax (  )

Email

Billing Notification (invoices and/or drafts) Web  Email

Pricing Contact Name  Title

Street Address  Phone (  )

City  State  Zip  Fax (  )

Email

Pricing Notification Web  Email





**Customer Information**

**Shipping Information**

**Delivery Location 1**

Address   
 Phone (  )

City  State  Zip  Fax (  )

Contact Name

Email Address

**Tank Configuration**

Tank #	Product	Gallon Capacity	Above Ground	Below Ground
1	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

**Delivery Location 2**

Address   
 Phone (  )

City  State  Zip  Fax (  )

Contact Name

Email Address

**Tank Configuration**

Tank #	Product	Gallon Capacity	Above Ground	Below Ground
1	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>



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## Electronic Funds Transfer (EFT) Authorization Agreement

Legal Business Entity  Submission Date

Street Address

City  State  Zip

**Form Instructions**  
 Upon form completion, please print, sign, email, fax, or mail to Wallis Companies.

### Bank Account Information

Bank Name

Street Address

City  State  Zip

Name on Account (If different)

Bank ABA Number  Account Number

Type of Account:      Checking       Saving

### Authorization and Signature

Legal Business Entity  ("Customer") does hereby authorize Wallis to initiate ACH debit entries to the Customer's account indicated above, and does further authorize the financial institution named above to debit such entries to the Customer's account. This authority will remain in effect until Wallis is notified by the Customer in writing to cancel it in such time as to afford Wallis and the Customer's Bank a reasonable opportunity to act on it.

Authorized this \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

**A VOIDED CHECK OR BANK CONFIRMATION LETTER WITH ABA AND BANK ACCOUNT NUMBER IS REQUIRED TO COMPLETE AUTHORIZATION AGREEMENT**

