



NEW ACCOUNT INFORMATION PACKET

Thank you for your interest in doing business with us! Please take a moment to look through this packet so we will be able to assist you in opening your account and getting the necessary information to expedite this process!

To open a credit account with our company, you will first need to complete and submit the following documents for consideration.

☐

Atlantic Petroleum - New Account Checklist and Information

Please complete the next page and return with the Credit Application

☐

Atlantic Petroleum - Credit Application

Included in this packet is our two (2) page application in fillable format

☐

IRS Form W-9 Request for Taxpayer Identification and Certification

Click the link if you need a form:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

☐

Atlantic Petroleum - Authorization Agreement for Preauthorized Payment

If you would prefer to have your account paid via Electronic Funds Transfer **(Optional)**

☐

Atlantic Petroleum - Credit Card Authorization Form

If you would prefer to have your account paid via Credit Card we keep on file **(Optional)** (Convenience Fees may apply)

Did you know? We can be your full service provider! Fuel • Lubricants • Auto Parts • Tanks & Equipment • Tools & Equipment

NEW ACCOUNT CHECKLIST & INFORMATION

FUEL ACCOUNTS:

☐ We would like to open a **FUEL ACCOUNT**
This account will be for FUEL, to include LUBRICANTS or NAPA AUTO PARTS, check the box beside them as well.

☐ Will you be buying TAX FREE NON-ROAD RED DYED DIESEL?
If yes, then you will need to have an End User Signed Statement or a Bonded User Certificate (see below)

☐ If you are buying tax free diesel, do you have an End User Signed Statement from the State of Texas Comptroller's Office?
This number usually begins with AG or DD followed by 8 digits, or you may be a Dyed Diesel Fuel Bonded User.

To search if you have (or retrieve) your number:

<https://mycpa.cpa.state.tx.us/fuels/>

If NO, but you are buying tax free diesel, you will need to fill out the form and send it to the State of Texas Comptroller's Office

Click the link if you need the form:

<https://comptroller.texas.gov/forms/ap-197.pdf>

☐ Will you be needing any tanks and/or equipment?
Please check this box so your Account Manager can discuss tank and/or equipment needs.

☐ Are you interested in our Xtreme Diesel Program?
A fuel and tank maintenance program can save downtime and increase equipment life! Check yes if you want us to contact you about this!

LUBRICANTS ACCOUNTS:

☐ We would like to open a **LUBRICANTS ACCOUNT**
This account will be for LUBRICANTS, to include FUEL or NAPA AUTO PARTS, check the box beside them as well.

☐ Do you have Texas Sales and Use Tax Exemption or Resale Exemption?
If yes, need to provide us with Form 01-339 from the Texas Comptroller of Public Account's office.

Click the link if you need the form:

<https://comptroller.texas.gov/forms/01-339.pdf>

☐ Will you be needing any tanks and/or equipment?
Please get with your Account Manager to discuss tank and/or equipment needs.

NAPA AUTO PARTS ACCOUNTS:

☐ We would like to open a **NAPA AUTO PARTS ACCOUNT**
This account will be for NAPA AUTO PARTS, to include FUEL or LUBRICANTS, check the box beside them as well.

☐ Do you have Texas Sales and Use Tax Exemption or Resale Exemption?
If yes, need to provide us with Form 01-339 from the Texas Comptroller of Public Account's office.

Click the link if you need the form:

<https://comptroller.texas.gov/forms/01-339.pdf>



OFFICE USE ONLY!
ACCOUNT MANAGER

CREDIT APPLICATION

(Please complete both pages)

COMPANY INFORMATION

NAME: _____
(IF INDIVIDUAL, PLEASE LIST FIRST NAME, MIDDLE INITIAL, AND LAST NAME ON LINE ABOVE)

MAILING ADDRESS: _____
STREET CITY STATE (ABBR.) ZIP CODE

PHYSICAL ADDRESS: _____
STREET CITY STATE (ABBR.) ZIP CODE

TELEPHONE: _____ CELL PHONE: _____ FAX: _____
AREA CODE + NUMBER AREA CODE + NUMBER AREA CODE + NUMBER

OWNER(S) OR OFFICERS

OWNER / OFFICER #1:

NAME: _____ TITLE: _____ TELEPHONE: _____
FIRST NAME - MIDDLE INITIAL - LAST NAME (OWNER / PRESIDENT / CEO / etc.) AREA CODE + NUMBER

ADDRESS: _____
STREET CITY STATE (ABBR.) ZIP CODE

OWNER / OFFICER #2:

NAME: _____ TITLE: _____ TELEPHONE: _____
FIRST NAME - MIDDLE INITIAL - LAST NAME (OWNER / PRESIDENT / CEO / etc.) AREA CODE + NUMBER

ADDRESS: _____
STREET CITY STATE (ABBR.) ZIP CODE

FORM OF BUSINESS

BUSINESS TYPE: _____ FEDERAL ID: _____
CORPORATION / PARTNERSHIP / INDIVIDUALLY OWNED EIN / TIN

WHAT TYPE OF BUSINESS DOES THIS COMPANY CONDUCT? _____ HOW LONG IN BUSINESS USING THIS NAME? _____ / _____
DESCRIBE WHAT TYPE OF BUSINESS YOUR COMPANY PERFORMS YEARS MONTHS

AFFILIATED COMPANIES OR RELATIONSHIPS: _____ ESTIMATED MONTHLY PURCHASES FROM US: \$ _____
(EXAMPLE: A DIVISION OF / OWNED BY / SISTER COMPANY TO) IN DOLLARS

NAME OF PERSON RESPONSIBLE FOR PROCESSING INVOICE(S) FOR PAYMENT: _____
FIRST & LAST NAME

EMAIL ADDRESS: _____ TELEPHONE: _____ FAX: _____
(email@yourdomain.com) AREA CODE + NUMBER AREA CODE + NUMBER

BANK REFERENCES

BANK NAME: _____ ACCOUNT #: _____ CONTACT: _____ TELEPHONE: _____
ACCOUNT MANAGER (if applicable) AREA CODE + NUMBER

BANK NAME: _____ ACCOUNT #: _____ CONTACT: _____ TELEPHONE: _____
ACCOUNT MANAGER (if applicable) AREA CODE + NUMBER

CREDIT REFERENCES

COMPANY NAME: _____ CONTACT: _____ TELEPHONE: _____
ACCOUNT MANAGER (if applicable) AREA CODE + NUMBER

COMPANY NAME: _____ CONTACT: _____ TELEPHONE: _____
ACCOUNT MANAGER (if applicable) AREA CODE + NUMBER

COMPANY NAME: _____ CONTACT: _____ TELEPHONE: _____
ACCOUNT MANAGER (if applicable) AREA CODE + NUMBER

COMPANY NAME: _____ CONTACT: _____ TELEPHONE: _____
ACCOUNT MANAGER (if applicable) AREA CODE + NUMBER

INVOICE / STATEMENT REQUIREMENTS

DOES YOUR COMPANY REQUIRE PURCHASE ORDER NUMBERS ON ALL INVOICES? ☐ YES ☐ NO

HOW WOULD YOU LIKE YOUR INVOICE(S) / STATEMENT SENT TO YOU? ☐ USPS ☐ EMAIL

IF YOU SELECTED USPS ABOVE, PLEASE PROVIDE MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

IF YOU SELECTED EMAIL ABOVE, PLEASE PROVIDE NAME AND EMAIL ADDRESS (IF DIFFERENT FROM ABOVE)

ADDRESS: _____ NAME: _____

CITY, STATE, ZIP: _____ EMAIL: _____

Please use the lines below to detail how invoice(s) or statements need to be sent if the information is different than that shown above, or additional contacts are needed.

APPLICATIONS WHICH FAIL TO BE COMPLETED ON BOTH PAGES WILL BE REJECTED



CREDIT APPLICATION

(Please complete both pages)

CREDIT TERMS & CONDITIONS

We may gather information about you, including from your employer, your bank, credit bureaus and others, to verify your identity and determine your eligibility for credit, renewal of credit and future extensions of credit. If you ask us, we will tell you whether we requested a credit bureau report and the names and addresses of any credit bureaus that provided us with such reports if you request us to do so.

I understand that by signing this credit application, I am authorizing Atlantic Petroleum & Mineral Resources, Inc. to access my credit history to obtain all necessary to determine my credit worthiness.

The undersigned applicant for credit, by execution of this application warrants and represents that the statements of fact furnished on the previous page hereof, are true and correct; and has and does hereby expressly agree that all purchases now made, and which may hereafter be made from Atlantic Petroleum & Mineral Resources, Inc. as Seller, shall be upon the following terms and general conditions:

1. TERMS OF SALE are Net 30 days unless otherwise specified on the invoice.
2. MERCHANDISE RETURNED must be accompanied by a copy of invoice or a proof of purchase delivery receipt; and is subject to a restocking charge, at the option of Whitener Enterprises, Inc.; and all merchandise tendered for return is subject to inspection by Whitener Enterprises, Inc. which shall not under any condition be obligated to accept any damaged, mutilated, altered, or otherwise unsaleable merchandise for return.
3. ACCOUNTS NOT PAID within the terms stated are subject to a service charge on the unpaid balance, for every month until same are paid. Any Purchaser Applicant herein expressly agrees to pay such sums on demand of the Seller.
4. All invoices are payable in Harris County, Texas at the offices of Atlantic Petroleum & Mineral Resources, Inc., 1445 North Loop West Freeway, Houston, Texas 77008, and Applicant agrees to make payments as required at said place in accordance herewith.
5. Payment for account balances and unpaid invoices must be received on or before the date shown on the invoice or statement. Any amounts due past the due date for payment are considered delinquent and are subject to a fee of one- and one-half percent (1½) per month (18% per annum) on the delinquent balance.
6. Any invoice or account balance paid by credit card will be subject to a convenience fee of not less than three and one half (3½) percent. Customers may choose to submit a bank check or electronic funds transfer via financial institution to settle account balances and unpaid invoices without convenience fees.
7. In the event a legal action is commenced solely to enforce any of the terms of purchase or obligation created hereby or hereinafter, the legal action will be brought to trial in Montgomery County, Texas, and the undersigned agrees to pay whatever sum the court may fix as reasonable attorney's fees and costs.
8. THE CREDIT AGREEMENT AND THE OTHER LOAN DOCUMENTS EXECUTED IN CONNECTION HERewith AND THEREWITH REPRESENT THE FINAL AGREEMENT BETWEEN THE PARTIES AND MAY NOT BE CONTRADICTED BY EVIDENCE OF PRIOR, CONTEMPORANEOUS, OR UNWRITTEN ORAL AGREEMENTS OF THE PARTIES. THERE ARE NO SUBSEQUENT ORAL AGREEMENTS BETWEEN THE PARTIES.

I understand and agree to these credit terms and conditions, and I hereby certify that I am a duly authorized agent of the company applying herein, and fully empowered to contractually agree to the credit terms on behalf of said company and credit applicant.

SIGNATURE

TITLE

PRINTED NAME

DATE

SOCIAL SECURITY NUMBER

CONTINUING GUARANTEE

In consideration of extending credit hereunder, the undersigned personally, jointly, severally, and unconditionally guarantee and promise to pay on demand, any and all indebtedness of the above-mentioned applicant, Atlantic Petroleum & Mineral Resources, Inc. This is a continuing guarantee and the obligations created hereby are unaffected by any change in the terms of the original indebtedness between Atlantic Petroleum & Mineral Resources, Inc. and the above named applicant, save that of payment. This guarantee shall continue in effect until the undersigned has notified Atlantic Petroleum & Mineral Resources, Inc. in writing of its cancellation, but such cancellation shall not alter any obligation of the undersigned prior to receipt of such written notice.

SIGNATURE

TITLE

PRINTED NAME

DATE

SOCIAL SECURITY NUMBER

In the event that Atlantic Petroleum offers extension of credit to the above named credit applicant and/or guarantors on the above terms or in any other terms agreed to by credit applicant, said extension of credit is issued pursuant to the information and financial representation made herein by said applicant and/or said guarantors.

APPLICATIONS WHICH FAIL TO BE COMPLETED ON BOTH PAGES WILL BE REJECTED



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT

Company Name: _____

Company TIN/EIN: _____

I (we), hereby authorize, **Atlantic Petroleum & Mineral Resources, Inc.**, hereinafter called **COMPANY**, to initiate debit entries to my (our) Checking Account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to debit the same to such account.

Depository Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Transit / ABA No.: _____

Account #: _____

This authority is to remain in full force and effect until **COMPANY** and **DEPOSITORY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Name: _____

Signed: _____

Title: _____

Date: _____

PLEASE INCLUDE A COPY OF A VOIDED CHECK WITH THIS AUTHORIZATION FORM



CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize **Atlantic Petroleum** to make debits to your credit card listed below.

By signing this form, you give us permission to debit your account for invoices and/or statements due on the indicated date. **(3.5% Convenience Fee May Apply)**

I, _____ authorize **Atlantic Petroleum** to charge my credit card account for invoices and/or statements as they are due. Please retain this credit card information securely on file in order to make debits to this card in the future.

Billing Address: _____

City, State, & Zip: _____

Phone Number: _____

Email Address: _____

ACCOUNT TYPE: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Card

Card Holder Name: _____

Account Number: _____

Expiration Date: _____

CVV2 (3 digit code on back of Visa/MC | 4 digit code on front of AMEX) _____

Signature: _____ Date: _____

I authorize the above-named business, ATLANTIC PETROLEUM, to charge the credit card indicated on this form according to the terms outlined above. This payment is for the goods/services generally described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds with the terms indicated on this form.