

Confidential Credit Application / New Account Information

Instructions and Information

1. **Please ensure that all pages of the application are completed and signed. Email the completed application to credit@jatoil.com.**
2. Please attach your company's most recent year-end financial statement.
3. **If your organization is sales tax exempt, attach a copy of your exempt certificate and complete the Certificate of Resale / Tax Exempt section on page 3.**
4. **W-9 must be completed and signed.**

This document can be printed or filled using Adobe (use TAB key to move to next field, SHIFT+ TAB to move to previous field).

General Information

Legal Name of Organization:			
Parent Company (if subsidiary):			
Federal Tax ID:			
Organization Type:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Government / Public		
Type of Business:		Year Established:	
Number of Locations:		At Present Location Since:	
Business Address:			
City:		State:	Zip Code:
Main Phone:		Main Fax:	Email:
Acct. Payable Contact:		Acct. Payable Email:	
Acct. Payable Phone:		Acct. Payable Fax:	
Invoice Mailing Address:	<input type="checkbox"/> Same as Business Address		
Address:			
City:		State:	Zip Code:
Shipping Address:			
Address:			
City:	County:	State:	Zip Code:
Main Phone:		Main Fax:	

Officers/ Principals Information			
Printed Name:		Title:	
Printed Name:		Title:	
Printed Name:		Title:	

Site Information (Convenience stores only)			
If you own the property where this business is located:		If you lease the property where this business is located:	
Name on Title:		Owner's name:	
Mortgage Holder:		Owner's address:	
How long have you owned the property?		Owner's phone:	

Bank Information			
Bank Name:		Account # :	
Address:			
City:		State:	
		Zip Code:	
Contact Name:		Phone:	
		Fax:	

Trade References			
Organization Name:		Account # :	
Contact Name:		Email:	
Organization Name:		Account # :	
Contact Name:		Email:	
Organization Name:		Account # :	
Contact Name:		Email:	

Please provide email addresses for references.

Customer Authorization / Terms of Sales

- A. TERMS OF SALE ARE PRINTED ON EACH INVOICE. APPLICANT ACKNOWLEDGES THAT FOR AND IN CONSIDERATION OF CREDIT EXTENDED BY JAT OIL, INC. DBA JAT ENERGY (HEREINAFTER REFERRED TO AS "JAT"), IF ANY INVOICE IS NOT PAID BY THE DUE DATE OF SUCH INVOICE, THEN IT SHALL BECOME DELINQUENT AND:
- 1) A LATE FEE AND ONE AND ONE HALF PERCENT (1.5%) PER MONTH MAY BE ADDED TO THE UNPAID BALANCE UNTIL THAT MONTH'S DELINQUENCY IS FULLY PAID. ONCE A DELINQUENCY OCCURS, JAT HAS NO FURTHER OBLIGATIONS TO EXTEND CREDIT AND,
 - 2) IF IT BECOMES NECESSARY FOR THIS ACCOUNT TO BE COLLECTED BY AN ATTORNEY OR AGENT, BY LAWSUIT OR OTHERWISE, THE COMPANY AGREES TO PAY ANY AND ALL COLLECTION AND LEGAL COSTS INCLUDING REASONABLE ATTORNEYS' FEES IN ADDITION TO THE UNPAID BALANCE AND LATE FEES.
 - 3) THIS AGREEMENT WILL BE GOVERNED BY THE LAWS OF THE STATE OF TENNESSEE.
- B. THE UNDERSIGNED CERTIFIES THAT THE FOREGOING INFORMATION HAS BEEN SUPPLIED TRUTHFULLY, ACCURATELY AND VOLUNTARILY AND FURTHER AUTHORIZES TRADE VENDORS, BANKS AND OTHER FINANCIAL INSTITUTIONS TO SHARE INFORMATION WITH JAT FOR THE PURPOSE OF EXTENDING CREDIT AND MANAGING COLLECTIONS.
- C. APPLICANT AGREES TO NOTIFY JAT WITHIN TEN (10) DAYS OF ANY CHANGE IN COMPANY NAME, TYPE OF BUSINESS OR PRINCIPAL(S).
- D. APPLICANT AGREES TO HAVE AN AGENT ON SITE TO SIGN FOR PRODUCT DELIVERY. IF AN AUTHORIZED AGENT IS UNAVAILABLE, JAT MAY, AT ITS DISCRETION, DELIVER PRODUCT WITHOUT OBTAINING A SIGNATURE. ALL DISPUTES INCLUDING SHORTAGES AND PRODUCT ERRORS MUST BE REPORTED WITHIN TWENTY-FOUR (24) HOURS. FAILURE TO DO SO WILL CONSTITUTE ACCEPTANCE.
- E. BILLING ERRORS MUST BE REPORTED TO JAT WITHIN 30 DAYS OF DELIVERY.
- F. APPLICANT UNDERSTANDS THAT JAT IS NOT OBLIGATED TO EXTEND CREDIT TO APPLICANT AND THAT JAT MAY TERMINATE THE EXTENSION OF CREDIT OR SPECIAL ACCOMMODATIONS AT ANY TIME FOR ANY REASON.
- G. A SERVICE CHARGE OF \$75.00 WILL BE ASSESSED FOR PROCESSING EACH RETURNED EFT DRAFT OR CHECK.
- ON BEHALF OF THE APPLICANT, I HEREBY CERTIFY THAT I HAVE READ THE TERMS AND CONDITIONS SET FORTH ABOVE, AGREE TO ABIDE BY THEM AND AM AUTHORIZED TO SIGN THIS CREDIT APPLICATION.

Officer's Printed Name:		Title:	
Officer's Signature:		Date:	

Certificate of Resale / Tax Exempt (Resellers and Tax Exempt Only)

THE UNDERSIGNED, HEREINAFTER "PURCHASER", HEREBY CERTIFIES THAT ALL TANGIBLE PERSONAL PROPERTY PURCHASED BY PURCHASER FROM JAT OIL INC., 600 WEST MAIN STREET CHATTANOOGA, TENNESSEE 37402, IS FOR THE PURPOSE OF RESALE. PURCHASER ASSUMES LIABILITY FOR PAYMENT OF ANY RETAILER'S OCCUPATION TAX, SALES TAX, SERVICE OCCUPATION TAX, USE TAX, OR ANY OTHER REGIONAL AND / OR LOCAL TAX IMPOSED ON SALES AND / OR PURCHASES WITH RESPECT TO RECEIPTS FROM THE SALE OF THIS PROPERTY TO USERS OR CONSUMERS, OR FOR THE PURCHASER'S OWN INTERNAL USE OR CONSUMPTION.

IF SUCH PROPERTY, OR ANY PORTION THEREOF, PURCHASED PURSUANT TO THIS CERTIFICATE IS LATER DETERMINED TO BE SUBJECT TO SUCH TAX, PURCHASER AGREES TO PAY SUCH TAXES, DIRECTLY TO THE RESPONSIBLE TAX AUTHORITY AS REQUIRED.

State:		Registration / Certificate # :	
State:		Registration / Certificate # :	
State:		Registration / Certificate # :	
Legal Name of Organization:			
Business Address:			
City:		State:	
		Zip Code:	
Officer's Printed Name:		Title:	
Officer's Signature:		Date:	

***If your organization is sales tax exempt, attach a copy of your exempt certificate

Personal Guaranty (Resellers and Privately Owned Only)

THE UNDERSIGNED _____ ("GUARANTOR") OF _____
 Name Name of Entity

HAVING A FINANCIAL INTEREST IN APPLICANT, AND BENEFITING FROM THE TRANSACTIONS CONTEMPLATED BY THIS AGREEMENT, HEREBY PERSONALLY GUARANTEES THE PAYMENT BY APPLICANT TO JAT OIL INC. (THE "COMPANY") OF ALL AMOUNTS, DUE AND OWING NOW, AND FROM TIME TO TIME HEREAFTER. GUARANTOR EXPRESSLY WAIVES NOTICE FROM THE COMPANY OF ITS ACCEPTANCE AND RELIANCE ON THIS PERSONAL GUARANTY, NOTICE OF SALES MADE TO APPLICANT, AND NOTICE OF DEFAULT BY APPLICANT. THE OBLIGATIONS OF GUARANTOR HEREUNDER SHALL NOT BE AFFECTED, EXCUSED, MODIFIED OR IMPAIRED UPON THE HAPPENING FROM TIME TO TIME OF ANY EVENT. NO SET-OFF, COUNTERCLAIM OR REDUCTION OF ANY OBLIGATION, OR ANY DEFENSE OF ANY KIND OR NATURE WHICH THE GUARANTOR HAS OR MAY HAVE AGAINST APPLICANT OF THE COMPANY SHALL BE AVAILABLE HEREUNDER TO THE GUARANTOR AGAINST THE COMPANY IN THE EVENT OF A DEFAULT BY APPLICANT ON ITS OBLIGATIONS TO THE COMPANY. THE COMPANY MAY PROCEED DIRECTLY TO ENFORCE ITS RIGHTS HEREUNDER AND SHALL HAVE THE RIGHT TO PROCEED FIRST AGAINST GUARANTOR, WITHOUT PROCEEDING WITH, OR EXHAUSTING ANY OTHER REMEDIES IT MAY HAVE. GUARANTOR AGREES TO PAY ALL COSTS, EXPENSES, AND FEES, INCLUDING REASONABLE ATTORNEYS' FEES, WHICH MAY BE INCURRED BY THE COMPANY IN ENFORCING THIS PERSONAL GUARANTY OR PROTECTING ITS RIGHTS FOLLOWING ANY DEFAULT ON THE PART OF GUARANTOR. GUARANTOR AGREES THAT AN INTEREST CHARGE OF ONE AND ONE HALF PERCENT (1.5%) PER MONTH, OR THE HIGHEST RATE PERMITTED BY LAW, WHICHEVER IS LESS SHALL BE ASSESSED ON ANY AMOUNT DUE AND OWING TO THE COMPANY BY GUARANTOR UNDER THIS PERSONAL GUARANTY UNTIL COLLECTED. THIS PERSONAL GUARANTY SHALL BE BINDING UPON GUARANTOR, THE GUARANTOR'S HEIRS, SUCCESSORS, ASSIGNS, REPRESENTATIVES AND SURVIVORS, AND SHALL INURE TO THE BENEFIT OF THE COMPANY, ITS SUCCESSORS AND ASSIGNS. THIS PERSONAL GUARANTY SHALL BE GOVERNED BY AND INTERPRETED WITH THE LAWS AND DECISIONS OF THE STATE OF TENNESSEE AND VENUE SHALL SOLELY RESIDE IN TENNESSEE. IF MORE THAN ONE, THE OBLIGATIONS OF THE UNDERSIGNED SHALL BE JOINT AND SEVERAL.

Printed Name:		Driver License # :	
Signature:		Social Sec rity :	
		Date:	
Address:			
City:		State:	
		Zip Code:	
Witnessed By:		Date:	

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

_____ (hereinafter "Customer")
(Customer's Account Name)

Located at _____, _____, _____, _____
(Customer's Street Address) (City) (State) (Zip)

Does hereby authorize JAT Oil Inc. (hereinafter "JAT") to process debit and/or credit entries to Customer's financial institution, as indicated below, relative to payment by Customer for products purchased from JAT. Customer further authorizes the named financial institution to debit and/or credit Customer's account as set forth in this Agreement. Entries, debits and credits to Customer's account shall be made only as authorized by the terms of this Agreement and in accordance with the Rules of the National Automated Clearing House Association (hereinafter "Rules"), made a part hereof by reference, as such Rules exist at the time any particular entry is initiated by JAT.

Each entry initiated shall be accompanied by JAT's invoice number, invoice date, gross invoice amount, applicable cash discount, if any, and net invoice amount. No single entry initiated under this Agreement shall be in excess of amount due.

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name and Address:

(Name)

_____, _____, _____, _____
(Address) (City) (State) (Zip)

Routing Number: _____ Account Number: _____

Financial Institution Contact: _____

Telephone Number: _____

This Authorization shall be effective as to JAT's invoices dated after JAT's acceptance of this Agreement and shall remain in effect until terminated upon fifteen (15) days, written notice by JAT to Customer at Customer's address indicated above or by Customer to JAT, Attention: Credit Division at 600 West Main Street, PO Box 5288, Chattanooga, TN 37406. Notice of termination shall in no way affect debit or credit transactions initiated prior to actual receipt of notice.

The products and current applicable terms of sale subject to this Agreement are subject to change at any time upon notification by JAT. All credit terms of sale and requirements between JAT and Customer remain in effect. It is understood that this Authorization and Agreement is subject to continuing credit approval by JAT.

AUTHORIZED this _____ day of _____, 20_____.

By: _____

Print Name: _____ Title: _____

A VOIDED CHECK COPY OR BANK LETTER VERIFYING THE ACCOUNT MUST ACCOMPANY THIS AGREEMENT

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.