

ACCOUNT INFORMATION APPLICATION FOR COMMERCIAL CREDIT

OFFICE USE ONLY:

Account #: _____

Salesman: _____

Related Acct #: _____



HALRON

LUBRICANTS INC.

OUR TANKS TO YOU™

BILL TO: Legal Company Name: _____ Trade Name: _____ Mailing Address: _____ City/State/Zip: _____ Telephone No.: (____) _____ Facsimile No.: (____) _____ Accounts Payable Contact: _____	SHIP TO: Company Name: _____ Street Address: _____ City/State/Zip: _____ * County: _____ Telephone No.: (____) _____ Facsimile No.: (____) _____ A/P E-mail Address: _____
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Payment will be made by: Invoice Statement Electric Funds Transfer (EFT)
Products you may be purchasing: Bulk Lubricants Packaged Goods Waste Oil Other _____
Current supplier: _____

Federal ID No.: _____ **Years in Business:** _____ **Purchase Order Required** Yes No
 Exempt Status: Not exempt Sales Tax Exempt # _____
(All tax exempt customers must have a signed certificate on file or tax will be charged.)
 Type of Business: _____

If a PROPRIETOR or PARTNERSHIP, please complete this section: Proprietor Partnership LLP

Partner or Proprietor Name: _____	% Of Ownership: _____%
Street: _____	Home Tel.: (____) _____
City/State/Zip: _____	SS No.: _____
Partner or Proprietor Name: _____	% Of Ownership: _____%
Street: _____	Home Tel.: (____) _____
City/State/Zip: _____	SS No.: _____
	Birth Date: _____

If a CORPORATION, or LIMITED LIABILITY COMPANY, please complete this section: C-Corp S-Corp LLC

President: _____	Managing Member: _____
Vice President: _____	Secretary: _____
	Treasurer: _____

Please give one bank and three commercial credit references (attach additional schedules if necessary):

Bank Name & City: _____	Checking Acct. No.: _____	Savings Acct. No.: _____
Company Name: _____	Telephone No.: (____) _____	
Company Name: _____	Telephone No.: (____) _____	
Company Name: _____	Telephone No.: (____) _____	

NOTICE TO CUSTOMER:
Do not sign this before you read this agreement and the Payment Terms and Credit Policy, which is also part of this document.

Credit line requested: \$ _____ Recent financial statement required for credit lines over \$5,000.

I understand the payment terms and credit policy of HALRON. I authorize HALRON to contact any or all references listed above and further authorize these references to disclose financial information requested by HALRON on an ongoing basis. I authorize HALRON to obtain information regarding my credit on a continuing basis. I authorize HALRON to provide information about my credit to a third party. I guarantee to pay all costs and expenses of legal or collection proceedings to collect any delinquent account, including reasonable attorney's fees. I agree that collection or legal action may be taken in Brown County, Wisconsin. I agree to notify HALRON in writing of any material change in any information set forth herein and provided herewith.

Signature of Authorized Representative	Title	Date
1618 State Street	P.O. Box 2188	Green Bay, Wisconsin 54306-2188
	920-436-4000	Fax : 920-436-4004

CONTINUING GUARANTY

FOR VALUE RECEIVED, and to induce HALRON LUBRICANTS INC. of Green Bay, Wisconsin ("Halron") to extend credit to _____ ("Debtor"), the undersigned ("Guarantor", whether one or more) jointly and severally guarantee payment to Halron when due or, to the extent not prohibited by law, at the time Debtor becomes the subject of bankruptcy or other insolvency proceedings, all debts, obligations and liabilities of every kind and description, arising out of the credit granted by Halron to Debtor (the "Obligations"), and to the extent not prohibited by law, all costs, expenses and fees at any time paid or incurred in endeavoring to collect all or part of the Obligations or to realize upon this Guaranty. This includes, but is not limited to any collection fee, legal proceeding and/or reasonable attorney's fees. No claim which Guarantor may have against a co-guarantor of any of the Obligations or against Debtor shall be enforced nor any payment accepted until the Obligations are finally paid in full. To the extent not prohibited by law, this Guaranty is valid and enforceable against Guarantor even though any Obligation is invalid and unenforceable against Debtor.

To the extent not prohibited by law, Guarantor expressly waives notice of the acceptance, the creation of any present or future Obligation, default under any Obligation, proceedings to collect from Debtor or anyone else, and all diligence of collection and presentment, demand, notice and protest.

This is a continuing Guaranty and shall remain in full force and effect until Halron receives written notice of its revocation signed by Guarantor or actual notice of the death of Guarantor. Upon revocation, this Guaranty shall continue in full force and effect as to all Obligations contracted for or incurred before revocation. Revocation by one Guarantor shall not affect any of the liabilities of any other Guarantor.

This Guaranty benefits Halron, its successors and assigns, and binds Guarantor and Guarantor's heirs, personal representatives, successors and assigns. This Guaranty is unlimited in amount. Guarantor authorizes Halron to obtain information regarding Guarantor's credit on a continuing basis.

This Guaranty is governed by and shall be construed in accordance with the laws of the State of Wisconsin. Each Guarantor who is married represents that the obligation represented by this Guaranty is incurred in the interest of his or her marriage of family.

Dated this _____ day of _____, 20__.

Signature of Guarantor

Signature of Guarantor

Social Security #

Social Security #

Witness

HALRON LUBRICANTS INC.

PAYMENT TERMS AND CREDIT POLICY:

1. Our payment terms are Net 30 (**unless specified differently on the face of the invoice**). Payments are due 30 days from date of delivery. If paying by statement, payment is due on the 15th of the month following purchases. Halron reserves the right to demand immediate payment for cause.
2. If you disagree with any portion of your bill, please notify Halron within 30 days of the billing date.
3. Late charges will be incurred on all accounts beyond payment terms at the rate of 1.5% per month, which is equivalent to an annual interest rate of 18%. Unpaid late charges will become part of the previous balance. (**Payment of late charges is not an alternative to payment by the due date**).
4. Remittance should be made by specific invoice number or statement date in order to assure proper application of the payment. Payments made "on account" will be applied in the following order:
 - A. Against any unpaid late charges
 - B. Against the oldest unpaid invoices
 - C. Any remaining amount will be partially applied to the next oldest invoice.
5. Delinquent Accounts
 - A. An account delinquent for 30 days or longer will automatically become subject to C.O.D. terms unless special payment arrangements are made in advance with our Credit Department.
 - B. Delinquent accounts are subject to collection and/or reasonable attorney's fees.

Please call our Credit Department to discuss any questions regarding these payment terms and credit policy or any specific invoicing needs. We appreciate the opportunity to serve you.

HOW WE INVOICE:

Bulk Lubricant and Packaged Deliveries: The metered ticket (4 x 8 card) or a packing list is left upon delivery. Our delivery personnel attempt to have the delivery receipt signed whenever possible. **An invoice is mailed upon product delivery.** All invoices are due from the date of delivery, not the date of invoice.

If a purchase order or job name is necessary for your records, please inform our Customer Service Representative when placing the order.

Michigan Sales and Use Tax Certificate of Exemption

DO NOT send to the Department of Treasury. Certificate must be retained in the Seller's Records. This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: TYPE OF PURCHASE

- One-time purchase.
Order or Invoice Number: _____
- Blanket certificate.
Expiration Date (maximum of four years): _____
- Blanket Certificate. Recurring business relationship

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor's Name and Address Halron Lubricants Inc. PO Box 2188 Green Bay, WI 54306-2188

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

- All items purchased
- Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

- For Resale at Retail. Enter Sales Tax License Number: _____
- For Lease. Enter Use Tax Registration Number: _____

The following exemptions DO NOT require the purchaser to provide a number:

- For Resale at wholesale
- Agricultural Production. Enter percentage: _____%
- Industrial Processing. Enter percentage: _____%
- Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization)
- Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form)
- Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form)
- Rolling Stock purchased by an Interstate Motor Carrier
- Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Type of Business (see codes on page 2)	Business Name
Business Address	City, State, ZIP Code
Business Telephone Number (include area code)	Name (Print or Type)
Signature and Title	Date Signed